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Parry, M.S.

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Curatorial Dreams
CRITICS IMAGINE EXHIBITIONS

Edited by Shelley Ruth Butler and Erica Lehrer

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CHAPTER THIRTEEN

abNormal: Bodies in Medicine and Culture

MANON PARRY

From anatomical exhibitions intended to teach the form and function of the body's major systems, to pathology specimens documenting disease or deformity, medical museums have specialized in the presentation of the normal and the abnormal. Yet few of these projects have addressed the implications of this practice of exhibiting and categorizing bodies (and therefore people) as unhealthy or abnormal, or the standard by which all others should be measured. The exhibition I propose explores the role of medicine in defining human standards and diagnosing deviations from them at various historical moments. 

abNormal: Bodies in Medicine and Culture begins by asking: who decides what is normal, and what factors inform that decision? The goal is to equip audiences to think critically about the production of scientific knowledge, the role of medicine in shaping current attitudes towards certain bodies, and the implications for everyday, embodied living.

The exhibition is designed for the National Library of Medicine (NLM), part of the National Institutes of Health, a medical research complex funded by the US government on the outskirts of Washington, DC. Since the late 1990s, the NLM's Exhibition Program has developed a wide range of gallery, travelling, and online exhibitions on diverse topics. Although situated on a medical research campus, the exhibition team has moved beyond the simple celebration of medical accomplishments. While important medical breakthroughs that can capture the public's interest are still included, the main emphasis is now placed instead on broader issues relating to the practice of scientific research, access to health information and medical care, and the social and environmental factors that shape experiences of illness and disability. The exhibitions are intended to raise awareness of the library's collections, to encourage young people to pursue careers in the health sciences, and to contribute to consumer health by publicizing the library as a source of relevant information and resources. Projects draw on library materials but can also include objects and images from institutions around the world. Topics can thus be selected on the basis of criteria beyond the limitations of the library's holdings, and have included such disparate subjects as the development of forensic science, the history of women physicians, and recent projects I have researched and curated on global health and human rights, gender and mental illness in nineteenth-century medicine, and the experiences of Civil War veterans.

While some of these topics may be considered traditional fare for a medical museum, my approach diverges from the standard narrative usually employed in such institutions. Like museums of science and technology, medical museums often present history as a linear narrative of progress, with current practice treated as the highpoint in a chain of breakthroughs. Devices such as prosthetic limbs, surgical tools, or medical remedies might be laid out in chronological order to illustrate these steps from the past to the present. Such exhibitions tend to focus on discoveries, technologies, and the inventive minds behind them, rather than the experiences of patients or unanswered questions. The storyline thus downplays collaboration between researcher and patient, and the processes involved in the production and acceptance of medical knowledge, especially the role of doubt and failure.

As historian Ludmilla Jordanova notes, displays of medicine usually mask the processes by which knowledge is created, as they have no place for uncertainty. Instead, they highlight static products of research that are unequivocal and can be easily understood. The impression then created is that changing practices are driven by objective, neutral science rather than by funding priorities, political concerns, personal and career profiles, and particular historical circumstances. Critics have argued that this approach is partly to blame for the poor public understanding of science, and have encouraged museums to focus on science as a process by revealing "unfinished" or contested research. My imaginary exhibition adopts just such a strategy. The exhibition examines medical theories.
that were once popular but have since been disavowed and draws par-
allels with current research-in-progress. My intention is not to discredit
medical research but to make apparent the role of social factors in the
production of scientific knowledge.

The proposed exhibition draws on materials in the collections of the
NLM that reflect the long history of measuring, comparing, and codifying
human subjects. The scientific study of human bodies intensified in the
1800s as medical professionals sought to establish standards of appear-
ance and behaviour and to determine the meaning of deviations from
them. As historians have demonstrated, much of this work reflected the
assumptions of the era and, in turn, served to underwrite social inequal-
ity by proposing scientific justifications for a hierarchical ordering of
peoples. American physicians embraced phrenology, for example, as a
way to read the human skull for evidence of character traits. Later in the
Victorian era the method was applied to the study of racial difference.
Such work contributed to the professionalization of medicine by ground-
ing a new field of expertise in the scientific study of human variation.

A few exhibitions have explored the role of medicine in justifying hier-
archies of race, gender, and ability, although interestingly, the most pro-
vocative of these are not to be found in medical museums. Most reinforce
the "presentist" trends in traditional narratives by framing past practices
as examples of quackery or pseudo-science, and sharply distinguishing
"the bad old days" from the heights of modern medicine today, if they
make any connection to current practices. Of the group of topics I focus
on, race and ethnicity are perhaps the most commonly explored, with
eugenics receiving the greatest attention in museums, perhaps in part
because of its status as a seemingly resolved, uncontested, and debunked
area of science. Deadly Medicine: Creating the Master Race, the United
States Holocaust Memorial Museum's travelling exhibition, for instance,
describes the persecution of children with disabilities under the Nazi
regime. The exhibition, launched in 2005 and booked at the time of writ-
ing until June 2015, presents this as an aberration from the usual practice
of science, rather than an extension of the processes of classification that
are central to medical thinking. Visitors are given the sense that social
evils occasionally corrupt (otherwise neutral) scientific practice, rather
than the somewhat more challenging notion that science is always in-
formed by and constitutive of society. In contrast, Race: Are We So Dif-
fert?, an online and travelling exhibition launched by the American
Anthropological Association in 2007, includes recent controversies over
the scientific study of race as well as the history of scientific racism.

Yet the assets in the historical section, which include the only artifacts
in the exhibition, compete for the visitor's attention with video inter-
views calling into question the "scientific" status of those who studied
racial difference in the past. The idea that scientists of an earlier time
were predisposed to discover racial differences in order to confirm their
beliefs  and to support the institution of slavery  is clearly made; yet
there is little to link this predisposition with the ongoing scientific study
of human variation today. The exhibition simply asserts that while con-
temporary research "tells us we share a common ancestry and the differ-
ences among people we see are natural variations, results of migration,
migration and adaptation to different environments," many people, in-
cluding scientists, continue to think about race in terms of biologically
based differences. When seen in combination with the design of the in-
stallation, which is very much in keeping with the style of an interactive
science exhibition, the overall effect seems to celebrate "good" science
which has enabled us to appreciate our shared genetic history and ori-
gins in Africa, for example  while decrying the claims of "bad" science,
which focuses on biological, rather than environmental explanations
for the racial differences we see around us. When Race: Are We So Dif-
fert? visited the Smithsonian in 2011, it was installed in the National
Museum of Natural History. Being housed at a site for the scientific study
of humans and the natural world, and visiting mostly science centres
during its national tour, it is unsurprising that the exhibition does not
engage more directly with the continuing role of expert knowledge in the
maintenance of discriminatory categories.

Elsewhere at the Smithsonian, at the National Museum of Amer-
ican History, Katherine Ott, curator in the Science, Medicine, and So-
ciety division, has addressed this phenomenon more directly. She has
argued that disability has been erased from the histories told in most
museums. People present a spectrum of body types, and until recent
decades, the most common physical traits included being arthritic,
stooped, pock-marked, scarred, toothless, or bent and injured in some
way. Difference was everywhere, yet it is missing from the history we present to the public. The healthy, idealized figures in exhibits, films, and re-enactment are as false as the landscaped and manicured grounds of a Civil War battlefield.

Ott curated a major exhibition on the history of polio in 2005, which drew favourable press and large audiences. *Whatever Happened to Polio?* was intended to commemorate the fiftieth anniversary of the polio vaccine, and prior to her involvement was framed as a celebration of medical progress in the typical style of medical history exhibitions. When Ott inherited the project, she significantly reframed the main narrative from a traditional account of the trial and error of scientific research and the triumph of discovery, to instead integrate a broad range of viewpoints. The result focused equally on the experiences of those who contracted the disease or cared for a child with polio, and the impact of the illness on the lives of those who recovered. The curatorial voice of the exhibition was shared among these perspectives through the use of first-person accounts from memoirs, letters, articles, and textbooks.

Disability scholars have rejected the "medical model" of disability for constructing and enforcing rigid categories of the normal and abnormal, pathologizing difference, and promoting the idea of correction or cure as the ultimate goal. The medical framework also disregards the social factors that frame the experience of disability, from inaccessible environments to discrimination in housing and employment. *Whatever Happened to Polio?* was displayed in a history museum, and approached disability as a social issue as well as a medical one. Including disability in an exhibition in a medical museum is more problematic, as these institutions have a long history of treating disability as a problem to be fixed, an unusual "case" to marvel at, or an example used to illustrate advances in modern science.

In the 1990s displays of specimens illustrating bodily anomalies came under attack for perpetuating past injustices by exhibiting human remains without the permission of the subjects, and for recreating the culture of the "freak show." In response, stakeholders at some of America’s best-known medical museums reconfigured exhibit spaces to move away from the macabre, and to focus instead on health education and the breakthroughs of modern medicine. Mark Micozzi, at that time director of the National Museum of Health and Medicine in Washington, DC, led efforts to “modernize” their displays to reflect this changing sensibility. In 1995 he was appointed to the Mütter Museum in Philadelphia to repeat the process of "cleaning-up" the exhibitions that he had undertaken in DC. Such reforms divided museum staff as well as the general public, with many bemoaning the loss of the most fascinating elements of the traditional exhibits.

Industrialized, Western societies have seen a major transformation in the experience of illness and death since the nineteenth century. Public health innovations have improved childhood mortality dramatically, and medicalized care has increasingly removed serious illness and dying from the home to the hospital. This process has created a new mystique around these processes. Anatomical exhibits may allow modern audiences to indulge their curiosity and confront their own mortality in a socially acceptable way. In the void created by the invisibility of death in modern society and at the medical museum, commercial exhibitors...
began to capitalize on the public interest in anatomy by developing large-scale touring exhibitions of plastinated human bodies, with layers of skin and tissue removed to show the muscles, organs, and bodily systems beneath. 

Yet these projects contribute to some of the same processes of classifying and valuing as the traditional medical museum, and create meaning by what they leave out as well as what they include. Most of the bodies displayed are male, for example, with female bodies included primarily to highlight the reproductive system or sexual characteristics, implying that the standard human form is male and privileging childbearing as the key function of the female body. Disease and bodily difference are presented without context: the damage caused by tobacco use, for example, is highlighted by way of a disembodied set of smoker’s lungs. The environmental toxins that contribute to cancerous growths and birth defects, the social factors that foster risky behaviours such as smoking, and the populations who are targeted by the tobacco industry are eclipsed by a narrow focus strictly on the physiology of health and illness.

While some commentators have wrestled with the propriety of showing flayed humans in playful poses, and questioned whether the purported educational value justifies this sensational approach, such exhibitions have proven immensely popular with audiences around the world. In light of this enduring public fascination, medical museologists have sought a compromise, coming to accept that some of the appeal of their institutions lies in the illicit thrill of seeing inside different bodies. As Ken Arnold, former head of public programs at the Wellcome Trust’s medical history museum in the United Kingdom, has noted, “medicine touches a special, and especially sensitive, part of our psychological make-up. Consequently, as a medical history curator, one tries in vain entirely and unequivocally to separate the ‘serious’ subject of medicine from the ‘trivial’ response to ‘blood and guts.’” As a result, medical museums, including the Mütter, are once again exhibiting their cabinets of curiosities, often still without much analysis of the role of these materials in codifying difference and contributing to social hierarchies. In contrast, *abNormal: Bodies in Medicine and Culture* rehabilitates the medical museum by deploying the sensational aspects of these subjects in a more meaningful way than simply as a tool to attract visitors.

Scholars and museum practitioners have recently called for a diversification of the communities represented within our cultural institutions, to promote a more inclusive society, cultivate civic engagement, and combat prejudice. As a federally funded institution, the NLM has a particular responsibility to serve its tax-paying audience, although stakeholders in all sorts of institutions are increasingly prioritizing exhibitions that can offer something tangible to visitors beyond a pleasant way to spend a few hours. Perhaps one of the most relevant trends for medical museums is the effort to harness the “therapeutic” potential of history. Exhibitions on the mistreatment of residents in mental health facilities, traumatic experiences in places of medical quarantine or experimentation, and encounters with illness and medical care have recently been undertaken to help visitors address their own difficult memories and to heal ill will generated by harsh practices of the past.

*abNormal* makes a similar contribution to personal well-being by providing a thought-provoking forum for audiences to reflect on the meanings and implications of bodily difference. Throughout our lives, each of us will encounter bodies that diverge from the dominant ideals of normality and perfection in our culture: as we age, in our own and others’ disabilities, and in times of pregnancy or sickness. Yet despite the universal human experience of embodiment, the diversity of bodies, and the certainty of bodily change over the course of the life cycle, public representations that counteract the dominant ideals are few and far between, and in medical museums, exist only as examples of disease or deformity. An exhibition that helps individuals to reflect upon the processes by which some bodies are highly valued while others are pathologized could have a profound effect on how visitors understand and experience both their own embodiment and the ways they view others.

Moreover, while museologists promote the importance of science museums in improving the public understanding of science, they widely acknowledge their failure thus far to equip visitors to participate in informed debate on complex issues, or to ease the culture of distrust and hostility that flourishes on both sides of the gulf between the general public and the scientific community. Despite decades of innovative
exhibit strategies and interactive education activities at science museums in the United States, the public understanding of science remains low.\textsuperscript{26}

The common exhibition narratives used in medical museums privilege celebratory narratives of discovery, technological advances, and brilliant researchers, isolating scientific accomplishments from their specific contexts, focusing on the "eureka" moment of success rather than the long and error-ridden process of research, minimizing controversy, and emphasizing medical breakthroughs while marginalizing patient experiences. As a result, as museologist Steven Conn notes, visitors have come to expect exhibitions that "present the world understood, organized, and managed, and in so doing reinforce the very idea of science" as the ultimate and conclusive tool in understanding ourselves and our surroundings.\textsuperscript{27} As the pace and scope of research has intensified, with older theories being overturned and previously unimaginable human intervention in natural processes becoming possible, this approach may actually have increased public anxiety about the reach of science and medicine. In exhibitions where medical technologies are laid out in chronological order to convey progress, for example, the advance of science is presented as an inevitable and unstoppable march into unknown territory.\textsuperscript{28} This format has the potential to compound controversies on a wide range of issues, from end of life care to stem cell research and climate change.\textsuperscript{29}

History-based exhibitions have an important role to play in addressing this problem because of their particular ability to engage visitors who feel ill equipped to understand current issues. Both those with great reverence for science but little factual understanding, and skeptics critical of scientific theories, may benefit from an exhibition that illuminates the processes that shape scientific research. Curators could, for example, explicate how medical knowledge is produced, validated, applied, and revised, acknowledging the role of funding, politics, context, and individual perspectives in the selection of research topics and methodologies, and the interpretation of results. Exposure to the social aspects that shape science in this way would help audiences to better evaluate risks and benefits in the face of contradictory evidence, and to understand the dynamics of disagreement and controversy among experts.

By exploring historical examples, audiences who may resist critiques of contemporary ideas could begin to reconsider their understanding of scientific objectivity. An exploration of paradigm shifts in scientific thinking provides a valuable entrée into a new understanding of the factors that contribute to the ascent and demise of a particular theory of the body or the mind.\textsuperscript{30} An introduction to shifting values and beliefs in the history of medicine can thus help pave the way for a more critical consideration of current ideas. In the proposed exhibition, examples from the past are juxtaposed with contemporary corollaries, and framed by provocative questions that invite visitors to consider how current research preoccupations might reflect wider contemporary social, economic, and political concerns, which support particular ways of ordering society.

**Exhibition Strategies**

\textit{abNormal} begins with an introductory statement inviting visitors to consider how ideas about bodies have been used to justify social hierarchies, how they reflect the preoccupations of their time as well as trends in scientific research, and how the standards and beliefs of an era change. The introduction is followed by three main sections, each devoted to bodies that have, at different points in history, been labelled as inferior, deviant, or disabled. Featured artifacts include major medical texts with images or illustrations of the telltale physiology of the criminal or "feeble-minded" individual; scientific diagrams and charts laying out norms and variations from them, such as comparisons between the physical and intellectual development of people of different races; and devices used to evaluate individuals, such as phrenology charts, or to treat their so-called conditions, such as hypnosis or hydroltherapy for "women's diseases." These materials are complemented by other images and artifacts from the same period that convey bodily ideals and variations from them, including photographs of women in corsets and human "freaks" on display, advertisements for beauty treatments to whiten black skin from the nineteenth century and hair straightening products today, and prosthetic limbs or other assistive devices for people with disabilities.

The exhibition is not intended to provide a comprehensive chronological account of the rise and fall of particular medical ideas. Instead, the galleries will juxtapose snapshots of beliefs at specific historical moments that may provoke shock, ridicule, disbelief, or even discomfort.
Each section includes key moments in which a scientific paradigm was established or displaced, such as the definition of hysteria and the declassification of homosexuality as a disorder. One wall features a list of disease classifications and their date of origin or displacement by a new category, such as neurasthenia (1869) and chronic fatigue syndrome (1988) for example.

The first section, entitled “Inferior Bodies,” will explore the representation of women’s bodies and the bodies of people of color as weaker, and more susceptible to disease, than the bodies of white men. Artifacts to demonstrate past ideas include eighteenth and nineteenth-century anatomical texts that contain the first depictions of the female skeleton and which attempted to locate differences between the sexes in every part of the human body. In his 1829 book *Anatomy of the Bones of the Human Body*, for example, John Barclay compared the male skeleton to that of a horse, and the female skeleton to that of an ostrich. The tiny skull and exaggeratedly large pelvis clearly suggest that women’s bodies are designed primarily for childbearing rather than intellectual activity (see figure 13.1).

Drawing attention to the present, the exhibition relates historical examples (see figure 13.2) to recent research on the biology of sex differences in the following label and image:

In the nineteenth century, at a time when women were arguing for a greater role in public life and equal status with men, scientists argued that their anatomy made them biologically unfit for advanced education or demanding intellectual work. Today, researchers have come to the conclusion that women and men are more
similar than they are different, yet many remain fascinated by the subject of sex difference. Studies that claim to show how sex hormones “masculinize” or “feminize” the brain during its development in the womb mean less and less in a society where “women’s work” can refer to anything from flying a plane to running a multinational corporation. Yet as women in the workplace find that their earnings and career prospects still do not match up with those of their male colleagues, should they look to social factors, or to science, for an explanation?

Visitors are also asked to consider the implications of recent research that claims that significant genetic differences “masculinize” heterosexual men’s brains and “feminize” homosexual men’s brains, and supposedly contribute to differences between men and women.

Other materials highlight the history of scientific racism and accounts of intellectual and physical differences between the races. Quotes describing the poor health of black soldiers in the American Civil War, for example, are contextualized by label text explaining the dire conditions these men were serving in and the reality that white soldiers were more likely to survive disease because they received more supplies and were better cared for, rather than because of any biological advantages. A present-day case study focuses on the role of genetic theory in reintroducing the idea of biologically based racial differences. Genetic theories are included in each section of the exhibition, reflecting the current popularity of genetic research as a leading means of interpreting disease and bodily difference. This section also introduces the notion that explanations of difference and disease located entirely in the body exclude social factors that may also shape a person’s intellectual and physical development, a theme that recurs throughout the exhibition.

Section two of the exhibit, “Deviant Bodies,” focuses on the medicalization of homosexuality, and includes sexological texts that first defined “normal” heterosexuality and delineated homosexuality as a deviation from it, such as Richard von Krafft-Ebing’s _Psychopathia Sexualis_ (1892). The exhibition notes that homosexuality was not removed from the mental health profession’s encyclopedia, the _Diagnostic and Statistical Manual of Mental Disorders_, until 1973, following the emergence of the gay rights movement. The present-day example for Deviant Bodies focuses on the search for a gay gene. An interactive kiosk poses a query about the political implications of this research, encouraging visitors to consider how medical diagnoses can be used both as empowering tools to access care and as repressive categories that invite invasive treatment efforts or cure. A display of electro-convulsive technologies used in “aversive therapy” treatments for homosexuality in the 1960s, and ephemera both endorsing and criticizing the idea of a genetic explanation for sexuality, illustrate this point.

The third section of the exhibition, “Disabled Bodies,” will explore the construction of disabilities, using the introduction of the concept of 20/20 vision in 1862 by Dutch ophthalmologist Hermann Snellen as a
key moment in the history of medicine that categorized the eyesight of people previously considered normal as abnormal. The present-day examples of intersex conditions and genetic factors thought to predispose an individual to disease examine how new technologies reveal abnormalities that were previously undetectable. This section thus also raises the question of the purpose of diagnosing people as ill or abnormal when their conditions do not manifest as sickness or deformity.

The concluding section of the exhibition showcases contemporary images of idealized body types and variations from these, drawn from a wide variety of sources, from consumer advertising to plastic surgery manuals and physical fitness films, to encourage visitors to think about the ways that ideas about normal and abnormal bodies permeate culture (and how cultural trends may also inform medical research). (See figure 13.3.)

Engaging the Audience

Drawing on the principles of active learning and the model of the participatory museum, visitors have a series of opportunities to respond to the content of the exhibition. In order to gauge their own perspectives and to enable them to explore the views of other attendees, in each section visitors are asked to assign a percentage value to the role of biology versus the role of society in shaping a person’s intelligence, criminal tendencies, or sexuality. Individuals can cast their votes in an electronic kiosk and see how others have responded. Provocative questions are posed on the walls of each gallery, with visitor responses displayed for others to add to or comment on:

- How can genetic explanations hurt or help individuals?
- Why is it important to measure physical or intellectual ability?
- Is there such a thing as a male or female brain?

Visitors are also invited to comment on current trends or the changes they have noticed over the course of their lifetimes or in different contexts (from country to country, for example, among different age groups, or in various communities). Again, open-ended questions displayed in public forums where visitors can read one another’s replies are used to encourage attendees to engage with each other.

In an area at the end of the exhibition, visitors are invited to apply the critical perspective cultivated in the galleries to the culture they are immersed in today. Facilitators provide materials for “culture jamming” activities, in which visitors can use art and media to deconstruct, critique, and reconstitute representations of bodies that they find offensive, stereotypical, or limiting. Reproductions of historical illustrations and medical text included in the exhibition are provided, along with an array of mass culture materials, from paper dolls to magazine advertisements, as well as art supplies and computer terminals. The area is staffed by young art students and activists interested or involved in culture jamming, who are on hand to offer ideas, share their own work, and help visitors use these materials to make their own pieces. Examples of submissions by previous visitors and exhibition staff are displayed in the gallery and online to give a sense of the wide range of possible approaches.

Artwork can also be submitted online, so that virtual visitors can participate in the activity, and also to allow gallery attendees to send in submissions created with their own materials and methods, perhaps incorporating their own photography or family memorabilia.

Why Not? Imagining Problems and Possibilities

While some of the NLM’s holdings contain materials that could illuminate personal experiences, attempts to represent the perspective of patients are relatively recent and would require expanded collection policies. The development of an exhibition provides the opportunity to build a museum’s collection (of disability-related objects, for example) by moving beyond medical devices and preserving aspects of these histories that have been previously excluded. It may require additional work to locate and borrow other materials, in order to tell stories that go beyond the medical model to capture the experiences of people with disabilities. The rewards of such work include the chance to engage with marginalized communities and disseminate stories that would otherwise remain unexplored, challenging standard narratives and common myths.
Exhibitions that re-evaluate an established history or include the perspective of people previously left out may also be especially appealing to visitors who have tired of the standard storyline, particularly if the topic has personal or contemporary relevance. As Carol Squiers, curator of the New York exhibition *The Body at Risk: Photography of Disorder, Illness, and Healing*, argues, “the body is now the contested point around which revolve fierce debates in the natural sciences, social sciences, religion, medicine, culture, politics, economics, and ethics about myriad issues including reproductive choice, gender discrimination, disease, aging, embryonic stem cell research, genetic modification, obesity, health care, health insurance, and the right to die.” The scarcity of exhibitions addressing the experience of illness and impairment thus results in missed opportunities to serve our audiences.

Museums could provide a space in which to confront fears about dying, to challenge prejudices about bodily difference, and to consider the impact of illness from the viewpoint of the sick, the healthcare profession, and the caregiver. More than being simply a site for health education on a particular topic, they might offer a cathartic environment in which visitors can consider aspects of embodiment they find frightening, confusing, or intriguing. Such practices have important implications for the experience of embodiment as well as its representation. Exhibitions on medical topics can potentially help individuals to reflect upon suffering and the nature of caregiving, and therefore have a profound effect on how we understand and experience health issues and the life cycle, as well as the way we respond to the disabilities or serious illnesses of ourselves and others. Museums may even help equip visitors to participate in both policy-level debate (on the high-stakes issue of American health care reform, for example), as well as personal decision making regarding their own medical care. Curators of exhibitions on illness and impairment could play a significant role in challenging prejudice and discrimination, and in the process provide visitors with a provocative environment in which to consider fundamental questions about embodiment and mortality.

Although curatorial dreaming offers an escape from the practical constraints of real-world projects, it is also a valuable means by which to consider the kinds of restrictions that might undermine this proposal, in part to explain some of the reasons why such an exhibition might not be undertaken. In this example, it is likely that stakeholders from the medical community would be hesitant to highlight the negative uses of scientific theorizing in organizing unequal societies. Such narratives are more likely to be tolerated if they are presented as examples of a past era of ignorance, and contrasted with today’s science.

Questions might also arise over the exhibition of discriminatory images and ideas, just as racist imagery—even when used to discuss the history of racism—has caused controversy and pain. While I recognize that some of the material displayed might be upsetting to visitors, part of the goal of the exhibition is to reposition these examples as sources to be critiqued. By displaying such problematic artifacts representing the legacies of discrimination based on sex, race, disability, and sexuality, my intention is to illustrate the wider implications of biologically based explanations of human variation, and to encourage visitors to draw parallels across social groups, rather than drawing distinctions between them. Nevertheless, opponents might object to a discussion of sexuality for certain age groups, or argue that the representation of homosexuality in a federal institution is politically partisan and unjustifiable. Yet by exploring the demedicalization of homosexuality, the exhibition focuses on incontrovertible historical events (rather than political positions) and might be defended on such grounds. Furthermore, medical museums, as opposed to science education centres, are not intended primarily to serve young audiences, and indeed, might be expected to host exhibitions containing “adult” content. Design and marketing of the exhibition could also be targeted to young adult and adult audiences rather than children.

On a practical level, the culture jamming activities could also create legal problems if the artistic use of copyrighted material was challenged by any of the companies whose advertising was re-appropriated. Given that the likely use of the material would be to criticize the attitudes and activities of such companies, attempts to censor this could be a major concern. Encouraging visitors to incorporate their own photographs or exhibit their critiques of other representations of bodies might also create a hostile or volatile environment that could prove difficult to manage. While devising a policy to prohibit pornographic imagery might be widely agreed on by museum staff, it could prove difficult to determine
just what constitutes an offensive body image, especially when that may hinge, in part, on the identity of the creator of such an image – which may not be clear at the time it is submitted, or to later visitors.

As long as it remains only a curatorial dream, we can only imagine the objections and obstacles that might hinder this project. Yet the activity of musing on its possibility has a number of practical and intellectual benefits. Most simply, this exercise serves as a public pitch for an idea, and may well attract useful feedback from museum colleagues to improve the project, to bring it to fruition, or to collaborate on similar activities. Positive responses to such a proposal might be used to help justify related activities within an institution, or to raise funds. Negative responses could inform the reworking of the project to better address attitudes among visitors or to reach new target audiences. Speculative discussions of the problems in mounting such an exhibition may also allow for more honest conversations about the political forces that frame museum work than accounts of real projects ever can. This will be useful not simply to alert critics to the factors that constrain exhibition development, but also as a productive means to evaluate some of the assumptions that may inhibit particular projects. By identifying possible objections, we can begin to verify or discount them. By dreaming up exhibitions that might not yet be possible, we are taking the first steps toward their eventual realization.

**CHAPTER FOURTEEN**

**Reel Objects: Movies in Museums**

JANICE BAKER

Something in the world forces us to think. This something is an object not of recognition but of fundamental encounter. Gilles Deleuze

*Reel Objects: Movies in Museums* is an imagined exhibition that plays with representations of museums and cultural artifacts in mainstream and high art films. The curatorial premise of the exhibition is not to didactically interpret artifacts but to complicate interpretation by presenting cinematic experiences of museum spaces. The exhibition whimsically suggests a mismatch between actual encounters with objects and the ways that visitor and artifact engagements are represented in critical literature on museums. As cinematic images, material objects often acquire an agency that is distinct from their use in the everyday. When museum artifacts are represented in films, this distinction is further heightened, with cultural objects defying all manner of common-sense expectation, most notably the notion that linear time and identity are fixed and immutable.

Museums are reputed to rationally order and demarcate human and non-human worlds, yet in the cinematic realm museums and galleries become sites that variously disturb logic and common sense. There are recurring instances in movies of boundary-crossing such as visitors and artifacts time-travelling and artifacts that "come alive" and join forces with a hapless visitor. The effect is not unlike Alice in Wonderland's fall into a fantastical other world. *Reel Objects: Movies in Museums* brings together artifacts on-screen (reel) and off-screen (real) in a single exhibition space, to provoke thinking about audience-object interactions...
ing African-Canadian history is artwork by Chantal Gibson. See Ethno-
graphic Terminalia, "Chantal Gibson."

I acknowledge Michel de Certeau's utopian notion of walking as psycholog-
ically empowering, an act of claiming space: "Walking affirms, suspects, 
tries out, transgresses, respects, etc. the trajectories it 'speaks' (99)" Another 
source of inspiration is performance artist Tino Seghal's piece called "This 
Progress," designed for the Guggenheim Museum of Contemporary Art in 
New York. A series of guides accompanied museum visitors up the gallery's 
spiral ramp; the first was a child, then a teenager, then an adult, and finally 
an elderly person. Each guide engaged visitors on the question of progress. 
The "Stair of Wonders" is unfortunately not wheelchair accessible, so a simi-
lar exercise would need to be developed for the elevator.

African-Canadian historian Dorothy Williams links her experience of being 
"othered" in Quebec to the province's erasure of its history of slavery. See 
the 2010 documentary Les Mains Noires: Procès de l'esclave incendiaire by 
Tetchena Bellange. In a related vein, filmmaker Ali Kazimi states: "I want 
Canadians to confront the founding notion of a white Canada and how the 
legacy of whiteness continues to haunt us today. If we don't confront that 
uncomfortable truth, people like me will be 'new Canadians' forever." Tan-
cock, "White Wash," 29.

Turner, "Miss Canadiana."

Royal Ontario Museum, "ROM Expands its African Collection."

Butler, Contested Representations, 117–18; Phillips, "Where is 'Africa'?"


Ideally, this would be narrated by the author Marlene NourbeSe Philip, who 
lives in Toronto and was an active participant in the Into the Heart of Africa 
debates.

This curatorial strategy is evident in the Daphne Cockwell Gallery of Can-
da's First Peoples, where members of an advisory committee provide text-
ual commentary on a favourite object. The effect is eclectic and personal, 
though I question why ROM curators did not also participate in the exercise.

Africville is commemorated by folk and jazz singer-songwriter Faith Nolan 
(1986), jazz pianist Joe Sealy (1996), the metal/hardcore band Bucket Truck 
(2007), and the hip hop group Black Union (2007).

Philip, "Race, Space, and the Poetics of Moving."

The Museum without Walls workshop already generated a more diverse list 
of relevant artists and poets (such as Lillian Allen, D'bi Young Antifafrka, 
Isreal Jones) as well as a discussion regarding the potential problem of re-
inferring a stereotype that equates black culture with hip hop and rap. On 

In March 2015, the ROM removed the portrait of the donors from the Spirit 
House when a national newspaper published their investigation of philan-
thropists' unpaid pledges to the ROM, including the bulk of Michael Lee-
Chin's donation, as well as that of Shreyas and Mina Ajmera. Major donors 
are also board members. See McArthur et al., "Behind the façade." On racial-
ized inequality in Canada see Galabuzi, Canada's Economic Apartheid.

Apologizes"; CBC News, "Montreal students."


Binder, El Anatsui, 133. Also see Whyte, "El Anatsui."

The three-year multi-platform project was launched in October 2014. See 
africa-project-explores-historical-and-contemporary-african.

Quoted in Marstine, "Museologically Speaking."

It would be especially productive to bring together school groups from differ-
ent parts of the city to ensure greater socioeconomic and cultural diversity.

Mears and Modest, "Museums, African Collections and Social Justice"; 
Dewdney et al., Post-Critical Museology.

Here I paraphrase Michel de Certeau from his classic work, The Practice of 
everyday Life.

**CHAPTER THIRTEEN**

A wide range of medical museums and other associated public history sites 
are listed in Lipp, Medical Landmarks USA. The classic "cabinet of curios-
ities" approach to medical history is exemplified by the Warren Anatomical 
Museum at Harvard. Newer institutions usually focus more on modern sci-
cence and technology driven exhibitions. See, for example, Infectious Dis-
ese: Evolving Challenges to Human Health at the Marian Koshland Science 
Museum of the National Academy of Sciences, http://www.koshland-
sience-museum.org/exhib_infectious/ (accessed 10 April 2015), or the 
David J. Sencer CDC Museum at the United States Centers for Disease Con-

US National Library of Medicine, "Against The Odds"; US National Library 
of Medicine, "Changing the Face of Medicine"; US National Library of 
Medicine, "Life and Limb"; US National Library of Medicine, "The Litera-
ture of Prescription"; US National Library of Medicine, "Visible Proofs."

Alexander, Museums in Motion, 61–76.
5 Gregory and Miller, *Science in Public*; MacDonald and Silverstone, “Science on Display.”
7 As Jordanova points out, public displays of medical knowledge were crucial in asserting a credible identity for the physician in contrast to the stereotypes of quacks and charlatans; Jordanova, “Medicine and Genres of Display,” 206.

8 Phrenology is now regarded as a pseudo-science but it was pursued by some eminent physicians in its time. See, for example, Carlson, “The Influence of Phrenology on Early American Psychiatric Thought,” 535–8. The inclusion of phrenological tools in the Museum of Questionable Medical Devices, at the Science Museum of Minnesota, is indicative of its current status as an example of quackery. Eugenics, the broader study of improving populations, receives more serious attention, and has been the subject of numerous events at institutions hosting *Deadly Medicine* in conjunction with the display of the exhibition.

9 United States Holocaust Memorial Museum, *Deadly Medicine.*
10 American Anthropological Association, “Race.”

11 A small section called “health connections” explores the role of racial discrimination, poverty, and social marginalization in hypertension.

12 Ott, “Disability and the Practice of Public History,” 21; Sandell et al., *Re-Presenting Disability,* documents a range of recent projects internationally that have attempted to correct this.


14 See, for example, US National Library of Medicine, “From ‘Monsters’ to Modern Medical Miracles.”

15 Brown, *Health and Medicine on Display.*

16 Garland-Thomson, *Freakery.*


18 The clean-up was heavily criticized by attendee and journalist Alan Green in “No Guts No Glory,” quoted in Margit Detweiler, “Not with My Mutter You Don’t,” *Philadelphia City Paper,* 25 July 1996, cover.

19 Gunther Von Hagens, MD, a German anatomist, invented the plastination technique, which allows for the preservation of the complex systems of the human body and the display of posed bodies stripped of layers of skin, muscle, and tissue. His *Body Worlds* exhibitions have been touring since 1995 and have reportedly attracted thirty-two million visitors. There are also numerous imitation exhibitions.

20 The exhibitions have continued to attract visitors despite controversy over the origins of the bodies on display. Rumours suggested that they were Chinese criminals, and Von Hagens has not produced evidence to definitively prove that all of his subjects consented to their posthumous display.

21 Bud et al., *Museums and the Making of Medical History,* 161.

22 The Mütter Museum’s activities show a mixed approach. They recently made a major contribution to the incorporation of patient perspectives in medical museums with a new permanent exhibition “Broken Bodies, Suffering Spirits: Injury, Death, and Healing in Civil War Philadelphia,” which opened in 2013.


25 See Part IV in Logan and Reeves, “Places of Benevolent Internment.”

26 Pew Research Fund, “Views on Science and Society.”

27 Conn, “Science Museums and the Culture Wars,” 496.

28 Gregory and Miller, *Science in Public,* 208; MacDonald and Silverstone, “Science on Display.”


30 On paradigm shifts in science see Kuhn, *The Structure of Scientific Revolutions.*


32 For a summary of the issues involved, see Carter, “Genes, Genomes, and Genealogies,” 546–56.


34 The changing landscape of mental illnesses, as represented by the various editions of this text, could form a rich exhibition in itself. For an account of current controversies over the new edition of the *DSM,* see Decker, “A Moment of Crisis in the History of American Psychiatry.”

35 I am grateful to Katherine Ott for her suggestion of Snellen as a key example for this section.

36 Simon, *The Participatory Museum.*

37 Dery, *Culture Jamming;* Dery, “The Merry Pranksters.”

38 This hands-on workspace is inspired by a “build your own cyborg” activity room I visited at the exhibition *The Uncanny: Experiments in Cyborg Culture* at the Vancouver Art Gallery in 2002.

39 Erica Lehrer also suggested a photo booth on site, where visitors could generate and annotate their own images of their bodies.

40 Anderson and O’Sullivan, “Histories of Disability and Medicine,” 146.
42 By "we" I refer here both to those within the health care profession and those outside of it.
43 For other examples of such projects, and some of their consequences, see Patterson, "Teaching Tolerance through Objects of Hatred," 55–71, and Butler, *Contested Representations*.
44 Although commentators on the controversy over *Hide/Seek: Difference and Desire in American Portraiture* at the National Portrait Gallery have argued that homophobia is behind opposition to the display of work by gay and lesbian artists, the curators suggest that the critics' focus on religious blasphemy illustrates that simple homophobia is no longer effective in stifling the representation of gay and lesbian history and culture in federally funded museums. Green, 'Q&A with 'Hide/Seek' curators Jonathan Katz and David C. Ward.'

**CHAPTER FOURTEEN**

1 *Reel Objects* owes much to the astute suggestions and editing of Shelley Butler and Erica Lehrer, for which I am very grateful.
2 Deleuze, *Difference and Repetition*, 139.
4 At the time of writing, a new Western Australian Museum is planned for the site. The intention is to refurbish and integrate Hackett Hall into the contemporary, "activated" spaces of the new museum.
5 For a discussion of museums and affect see Baker, "Anarchical Artifacts."
8 Bennett, *Pasts Beyond Memory*, 117.
9 Bal, *Looking In*, 119, 121.
13 Thank you to Ron Blaber for this connection.
14 Thank you to Shelley Butler for this reference.
15 Vergo, *The New Museology*, 3.
16 Clifford, "Objects and selves, an afterword," 244.
17 Elkins, *Pictures and Tears*, 73.

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