

APPROACHING EMOTION:

OLAVIDE MUSEUM'S WAX MOULAGES AS AN ELEMENT OF TRANSFORMATION

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In any rescue and heritage plan it is required the development of a well defined museological plan. This means to have in mind the collection, type of public and the objectives of the owner institution. At the same time as their identity is being configured, projects must be created to encourage multidisciplinary discourses beyond the main theme of the collection to ensure its continuity.

The medical-scientific heritage usually has a chronological, analytical and linear vision. It may be interesting to complete this message with an artistic and historical perspective. This is relatively simple in the case of ceroplastics. Its sculptural format, its aesthetics, the techniques used or the quality of the execution, complement the scientific message, enlarging and dignifying the object, elevating them in many occasions, to true "works of art". Here we will focus on emotional resources as a complement to the speech in the wax moulages of the Olavide Museum. Throughout the information provided by medical records tied to every single model, we can bring the diseased patient to the public, projecting us into their eyes, thoughts and feelings.

The Olavide Museum was founded in 1882 by the distinguished dermatologist Jose Eugenio Olavide. It's a wax museum created to teach young practitioners the new medical specialty of dermatology. The Museum consists of an amazing collection of wax moulages. These pieces are natural-size models made out of real patients who were attended at the San Juan de Dios Hospital in

late 19th century. We must take into consideration that in this period colour photography did not exist, and moulages were used by physician as three dimensional images and realistic representations of hospitalized patients.

Olavide's collection comprises 663 wax moulages. Currently 450 artworks have been recovered, restored and catalogued. The level of realism and precision with which they were made is amazing. On the backside of every moulage there is a detailed medical history that tells us about the life, history and thoughts of the patient. It is written in a subjective style. This information is unique and very valuable to capture the daily life of our ancestors.

The observation of these moulages can generate different feelings and message varies according to the eye of the observer. Therefore, if we want to reach a wider audience we must let the work express all its meaning and nuances. The first feeling that seizes us, if we are a non-specialized public, is disgust. Next, perhaps, we can experience emotions such as fear and/or compassion. Disgust is a feeling that generates rejection, revulsion and horror and these emotions are expressed through powerful physiological responses such as nausea or fear. The disease can also produce this type of sensations, especially those diseases that are "visible", what is the case in skin pathologies.

Then the following question is posed: can something which causes such emotion become attractive, even beautiful, and elevate the audience to a transformative experience? The answer is yes. We all share the same emotions. So feelings can be channeled through empathy and understood through reason. By supporting the image with other resources, we bring scientific knowledge closer and complement the vision of the work.

Next we will see two examples of dermatological pathologies represented in moulages and how emotion can be transformed through a different interpretation of discourse.

Contagion is defined as the transmission of a disease from a sick individual to a healthy one. This can happen directly or indirectly. Indirect contagion implies propagation of the disease through an intermediary. In direct contagion, however, disgust is more patently manifest as an alarm and protection mechanism, faced with disease propagation. This happens through body fluids like blood, sweat, semen or saliva, indicating the requirement for intimate contact with the diseased body. In a hygienized society like ours, it suffices to remember cases of ringworm (*tinea Favosa*). This disease –

manifested through a skin extensively colonised by fungal infestations- was present in the most disadvantaged layers of society at the end of the 19th century. Evoking the nauseating smells generated by these “honeycomb cells” and the presence of insects and parasites within are sufficient to terrify us even now.

Let us examine, for example, a piece of medical record that belongs to moulage 441 entitled “Tonsural ringworm” (1):

*“M. P., boy of seven years, natural of Madrid, living in the orphanage, was admitted to this hospital on the 14th of June 1881. A month ago he noticed a reddish plaque, the size of a duro, on his scalp, located on the crown and **covered by small vesicular spots that made him scratch frequently...***

*...the rest of the head also showed small scabs, **humid and yellowish, from which an unbearable smell emanated, the development of parasites coinciding with the eruption, the itching became even more unbearable and maddening...***

*...the **white substance** that formed pockets around the remaining hair on the tonsuring plaque **was gelatinous, dull and extended around the circumference, agglutinating and covering the surrounding long hairs ...***

In spite of disgust that this reading causes us, the waxwork is beautiful. The figure adopts a central position, though slightly angled to the right side so that the patient’s expression may be seen. The ringworm on the other hand is located, as we already mentioned, is not visible at first glance to the observer. The child’s gaze and expression are downcast. This model was sculpted with great sensibility. The child’s pale skin, delicate traits and the rosy colour of his mouth all contrast sharply with the idea of a fungal infestation provoked by poor hygiene and malnourishment.

A case of aberrant skin deformity can become an ally if the story of the character generates sympathy. This is the case of the figure of wax number 307 known as “La Teresa”, diagnosed now as neurofibromatosis. This is a neurocutaneous disease, of dominant heredity, associated with coffee-coloured patches, axilar and perineal freckling, Lisch nodules and neurofibromas that can appear more or less prevalent over the affected person’s cutaneous surface. Neurofibromas are tumours on the nerves’ sheath (fibroblasts and Schwann cells) and can appear on any part of the body. The cutaneous neurofibromas are externally visible. They have a purple hue and soft fleshy consistency, sessile or pediculated and can vary in size from a few millimetres to, in some cases,

gigantic proportions causing monstrous deformities. This was first described in 1882 by the German pathologist Friedrich Daniel von Recklinghausen.

The case presented in the wax figure with the number 307 is especially unique since it precedes von Recklinghausen's discovery. The pathology is described as "generalized *Molluscum pendulum*". No doubt this is a descriptive diagnosis alluding to the lesion's shape (in form of molluscs), its seat on the skin's surface (pediculated) and its distribution over the entire body (generalized). The case history on the back of the board states the following:

*"Teresa F., natural of Granada, 71 years old, single, strong constitution and normally of good health, only interrupted by frequent indigestion, for which she was admitted to hospital, presents over almost her entire cutaneous surface an infinite number of tumours, the volume of which varies between a millet grain, for the smallest, up to that of large nuts, for the largest, the majority being pendulous and all of the same colour as the rest of the skin, which is markedly bronzed. The eruption is most confluent on the back, breast, face and abdomen, giving the individual the **most repulsive appearance that could be observed in our species.***

*[...] This affliction, for which she never used any remedy, has not had any effect on the patient other than a purely moral one, **increasingly isolating her from society for her repugnant appearance, she has experienced every degree of misery,** until ending at [the poor house] San Bernardino, which she only leaves to come to the Hospital.*

*[...] nowadays Teresa appears satisfied by her monstrous affliction, for which she is the object of curiosity among doctors, as rarely will they find a more remarkable case of **generalized molluscum pendulum.***"

The figure shows the face, torso, arms and abdomen of this patient. She is in a frontal position, looking straight at the observer. Her arms rest on her lap in what appears to be a pose. All over her body's surface, including the face, are darker, pediculated tumoral nodules of various sizes, distributed in a non-homogenous manner, particularly prevalent on the breast and abdomen. A large neurofibroma is located on the dorsal side of the right arm. The sculpture is of a more *naïve* style than previous, more realistic, images. We don't know the intention of the artist for sure but it is possible that this "doll" like representation was chosen to diminish what was shown to the observer, in contrast to the degree of horror reproduced in the case notes. This case is a clear example of an affliction that, due to the deforming disease and the repulsion this generates, causes the individual to be harshly prejudged and

socially marginalised, whereas the medical community, stimulated by the thirst for any knowledge such a rare case may offer, felt “astonished” by the florid and unusual case presented by this patient.

Appeal to emotions in an exhibit discourse can be useful because it invites to reflection and elaboration of questions. And these are key elements of learning. Even disgust can become an approach if there is a good lecture. The scientific heritage can go further than showing an object clearly and objectivity. It is possible to transit from a mere “exhibition” to a complex “understanding” by revealing the real sense of work that complements its meaning. And this will be done by emotion. So emotions are a unique and universal language and a real element of transformation.

REFERENCES

1. Palacios, (1881), Tiña tonsurante, historial clínico nº 76, Clínica Dr. Olavide, Hospital San Juan de Dios.
2. Íñiguez Francisco J, Moluscum pendulum generalizado, historial clínico number 113, Clínica Dr. Olavide, Hospital San Juan de Dios.
3. Llonch, N, Santacana J (2011), Claves de la museografía didáctica, Lleida, Editorial Milenio.