Death masks unlimited

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Three years ago I visited the home of Canova, the sculptor, in Passagno in northern Italy. I grew rather tired of tombs decorated with lifesize lions or skeletons half opening the doors of death so retired to his study, where my friends found me and inquired what I was doing there. I said that I was reflecting on the vanity of human life and pointed out that from where I sat I could see the death mask of Canova and immediately beside it a Lawrence portrait, full of pomp and circumstance. This led to a considerable discussion on death masks, with the whole group participating, and I found myself saying that this was a part of history that was being lost and that someone should do something about it. I then realised there was only one person who would do something about it and started out on a search. Clues were scanty, but I now have knowledge of over 200 death masks and have seen and photographed many of these.

I confine my searches to British masks and those of British subjects abroad. Ancient man was eager to preserve the facial features of the dead in order to preserve the soul. Medieval man, on the death of kings, queens, or other personages, made a masked, lifesize effigy that could be robed, carried through the streets, and displayed as indeed the Romans had done. In her book on Oliver Cromwell Lady Antonia Fraser gives one of the best descriptions I have read of such a display. The other main reason for the survival of death masks was nineteenth century phrenology, and this led to the great death mask collections. The finest of all is in Princeton University, New Jersey. It was made by Lawrence Hutton and based on a dustbin find of a collection, probably that of George Combe, Edinburgh lawyer, writer to the signet, and eminent phrenologist. Combe probably left some masks behind after a lecture tour in America. The collection of the Edinburgh Phrenological Society is in the care of the University of Edinburgh anatomy department. The Black Museum, New Scotland Yard, has a remarkable collection: most are from judicial executions but the two masks of Heinrich Himmler are startling. After I started my search there was a most exciting find of masks by Dundee Museum service. Other notable collections are to be found in the National Portrait Gallery of London, Norwich Castle, Madame Tussaud's, the National Museum of Ireland in Dublin, and there are small collections in the Victoria and Albert Museum, the Ashmolean Museum, Oxford, the Fitzwilliam Museum, Cambridge, the Hunterian Museum of Glasgow University, the National Portrait Gallery of Scotland in Edinburgh, and the museum at Cupar, Fife. There are many single masks scattered throughout the country and several small museums have a mask of either the local poet or the local villain.

Making masks

Death and life masks are made by the same method. After the head and facial hair have been completely oiled a thin layer of plaster is applied to the face and built up with succeeding layers. Threads are embedded in this so that when the plaster has set it can be removed in portions by pulling on the threads. These portions are placed together and form a mould from which a mask is made. Most people dislike having life masks made for as the plaster dries it hardens in a terrifying fashion. Some people suffer no discomfort, and John Keats tended to spoil his life mask by giggling. Death masks can also be made by moulding wax over the features. It is important that a death mask be made as soon as possible after death as at that time the face of the

dead is unguarded and revealing, and we see man in a manner that no sculpture or picture can show. Professor William Cullen was a star in the firmament of Scottish medical education and a remarkable teacher for his time (fig 1). William Hunter, who had been his pupil, held him in great esteem. Unfortunately his death mask was taken too late, and we cannot see his "personality," only the fact of death (fig 2).

FIG 1—Tassie medallion of William Cullen from Hunterian Museum, University of Glasgow.

ROYAL MASK

I shall discuss only one Royal mask because of the nature of the subject's death. Charles II was an intelligent and shrewd man, greatly interested in science and founder of the Royal Society. In the last few months of his life he worked on experiments with mercury, and it has been suggested that he died

FIG 2 (left)—Death mask of William Cullen from Hunterian Museum, University of Glasgow. FIG 3 (right)—Death mask of Charles II from British Museum, London.

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FIG 4 (left)—Death mask of Dean Swift from Princeton University library.

FIG 5 (right)—Death mask of Sir Walter Scott, who died 23 September 1832, from Princeton University library.

of mercury poisoning. He had gout and suddenly became unwell with convulsions, and it is thought that he probably died from chronic pyelonephritis with uraemia. He had a miserable death, and his doctors increased the misery. They bled him copiously, blistered him with cantharides, put red hot irons to his skull and feet, cupped him, and gave him purgatives, emetics, and enemas. Like his father he died bravely but also suffered great mental distress as he had to decide whether he should acknowledge that he was a Roman Catholic. He finally did so. I find it remarkable that under these conditions his death mask should be so noble (fig 3).

In 1849 Sir William Wilde, the well known Dublin ophthalmologist and father of Oscar Wilde, was the first to note that Dean Swift's death mask had been taken after necropsy. The original mask in Trinity College, Dublin, was accidentally destroyed, but from Sir William's drawings there seems little doubt that the mask in the Princeton collection (fig 4) and that in St Patrick's Cathedral, Dublin, are both taken from this original, although the one in the cathedral represents the eyes open, which is a not uncommon artefact in death masks. Both these masks show the postmortem cut across the forehead but that in Dr Stevens' Hospital, Dublin, does not. Sir William thought there was weakness of the left side of the face.

DISTORTED DEATH

Walter Scott was also a biographer of the dean and was horrified by the mask as he, too, thought it contorted. Oddly it is Scott's own death mask that shows definite signs of stroke and distortion. All Scots know the story of Sir Walter Scott. When his printer went bankrupt Scott took the burden of repaying the sum owed by writing. It was believed that he burnt himself out with the effort. In fact he was probably hypertensive and arteriosclerotic: his father, mother, and elder brother all died of strokes. Scott himself had four strokes in the last two years of his life, the last being fatal. His doctors submitted him also to a harsh regimen of bleeding and cupping, and a seton was inserted into the back of his neck. He was subjected to a rigorous diet and sent on a most vigorous excursion through Europe from Malta to the low countries, where he had his last stroke. He lay unconscious for three weeks in London, while Royal personages inquired after him, people gathered in the streets, and the newspapers reported his progress. Making his final journey to Abbotsford, he began to notice where he was as he got near home and to repeat the names of hills and houses. By the time the house was in sight he could scarcely be restrained in the carriage—reminiscent of Klemperer rising to his feet to conduct Beethoven.

His postmortem examination was carried out on 23 September 1832 at Abbotsford by J B Clarkson, who found three distinct cysts in the left choroid plexus and necrotic corpus striatum. The brain was not enlarged, but the cranium was thinner than it is usually found to be. The remarkable shape and length of Sir Walter's head is obvious in the fine Princeton mask (fig 5). In 1892 Lawrence Hutton, who published three articles on his collection, stated that there was a life mask and the original death mask of Scott at Abbotsford. Vigorous discussion with Dr Corson, honorary librarian at Abbotsford soon destroyed my beliefs, however; he demolished my argument by pointing out that I attributed the mask to Bullock, who had

actually died before Scott. I have searched for the original mask and have traced it as far as the Scott centenary celebration in Edinburgh in 1871. Thereafter it returned to Abbotsford and it may be that it was disposed of when the fine Abbotsford bronze was made. I am, however, tempted to believe that the splendid mask in the National Library of Scotland is the original. There is a less fine mask in the National Portrait Gallery of Scotland and a third, contrived, cosmetic mask there. Primed by Sir William Wilde I am able to point out that the masks of Sir Walter and the bronze at Abbotsford clearly show that these were made after postmortem examination. I have handled the masks and there is no doubt in my mind that the calvarium has been removed and badly replaced. On the Princeton mask you can see the ridge running much higher on Sir Walter's head than it would on anybody else's.

MASKS OF MEDICAL MEN

There are three further masks of medical men to be considered. One is the great William Hunter, anatomist, obstetrician, scientist, and collector. His portrait comes from the Hunterian Art Gallery, Glasgow University (fig 6), and the death mask from the Hunterian Museum (fig 7). He left his great collections and library to the university. I have been unable to obtain a death mask of his brother John but there is a life mask in the Royal College of Surgeons of England. Also from that college come both a life mask (fig 8) and a death mask (fig 9) of Sir Arthur Keith, the notable anatomist and anthropologist, who in 1908 became the conservator of the museum of the Royal College.

One of the best known masks is that of John Keats, who was both physician and patient. Many members of his family died of tuberculosis, and

FIG 6—Portrait of William Hunter by Alan Ramsay from Hunterian Art Gallery, University of Glasgow.

he nursed his brother, who died at the age of 19. Tom died in December 1818. Fifteen months later John had his first haemoptysis. "I know the colour of that blood. It is arterial blood. I cannot be deceived in that colour. That drop of blood is my death warrant. I must die." His doctor subjected him to a starvation diet and bled him, but a specialist thought anxiety played a large part and suggested a light diet and sedatives, which doubtless made him more comfortable for the next two months, until he had his next haemoptysis. When he too sought health in Rome the local Scottish doctor was kind to him, and his initial prescription of simple diet and fresh air calmed the patient until he had a further haemoptysis, which led to further blood letting. Keats had a prolonged and miserable death, and his misery was increased by the fact that the nature of his disorder was known and the public health authorities were only waiting for him to die to destroy the furniture and trappings of the room. At the postmortem examination Dr

Clark discovered that he was wrong in thinking that the lungs were scarcely affected; these were in fact almost entirely destroyed. The mask shows the ravages of the disease on a 25 year old.

Maker of masks

Figure 10 shows the cast in my possession. It is particularly interesting because of the maker. It is "cast in Wax, the countenance of Mrs Catherine Miller of Slatefield who died in the house of her second son, John, Miller Street, Glasgow, on Sunday 8th August 1841 aged 63. This cast was taken next day, it is remarkably like. The artist was Dr Paterson, Virginia Street." I managed to obtain some knowledge of Dr Paterson, and it seemed obvious that he had had a successful medical practice as his address improved throughout the years until he finally lived in the prestigious Abbotsford Place, and he eventually retired to Millport on the Clyde four years before his death. It took the combined help of the curator of the Peoples' Palace Museum in Glasgow, the librarian of the Royal College of Surgeons of England, the librarian of the Royal College of Physicians and Surgeons of Glasgow, and the archivist of Greater Glasgow Health Board to correct my error and give the true history. Dr Thomas Paterson, the fourth son of James Paterson, a Glasgow merchant, matriculated at Glasgow University in the year

FIG 7 (left)—Death mask of William Hunter from Hunterian Museum, University of Glasgow.

FIG 8 (right)—Life mask of Sir Arthur Keith from Royal College of Surgeons of England, London.

FIG 9 (left)—Death mask of Sir Arthur Keith from Royal College of Surgeons of England, London.

FIG 10 (right)—Wax mask of Mrs Catherine Miller of Slatefield owned by the author.

1810. He finally qualified for membership of the Royal College of Surgeons of England in January 1819 (for which he paid £22) and as a licentiate of the Faculty of Physicians and Surgeons of Glasgow in July 1819, and he gained an MD in Glasgow in 1826. Dr Derek Dow, archivist of Greater Glasgow Health Board, produced the obituary from the *Glasgow Medical Examiner* for February 1870, which showed that "he practised for a short time amongst his friends, but soon gave it up as not congenial to his turn of mind." He withdrew from the world and lived in his own studio filled with all sorts of scientific preparations, geological specimens, daguerreotypes, engravings, chemical apparatus, and aquaria. He was the first to introduce daguerreotype in Glasgow. He was known as a microscopist, but for me the most important part of his work was that he made casts and wax models of anatomical specimens. Obviously, making a death mask was an extension of that work.

This paper shows the difficulties that one encounters in this search and the fascination of it.

I thank the many people who have helped me for their enthusiasm and kindness, particularly Mrs Elspeth King, curator of the People's Palace, Glasgow; the Wellcome Institute for the History of Medicine and the Mitchell library, Glasgow; Charles E Greene, keeper of the rare books reading room, Princeton University library, New Jersey; Dr Lawrence J F Keppie of the Hunterian Museum, University of Glasgow; Mr Eustace Cornelius, librarian of the Royal College of Surgeons of England; Christopher Milne and Hugh Ritchie of Dundee Museum services; William Waddell, curator of the Black Museum, New Scotland Yard; and Helen Smiles, research assistant at the National Portrait Gallery, Edinburgh. I owe special thanks to the department of medical illustration, Southern General Hospital, Glasgow.

UNREVIEWED REPORT

Pilonidal sinus of nipple in a canine beautician

The interesting editorial article on the "Medical hazards from dogs" (21 September, p 760) prompts me to report a hitherto unrecognised condition acquired from the canine species.

A 45 year old woman who worked as a canine beautician was admitted to the Kent and Canterbury Hospital in 1984 for a routine removal of what appeared, clinically, to be a benign subareolar breast lump. A canine beautician has close physical contact with dogs, and the patient said that in the course of a day she is often covered with the hairs that have been shed from the animals she has preened. Physical examination showed a small, palpable lump in the left breast with coarse canine hairs protruding through the nipple. The texture and colour of these hairs were different from the woman's normal body hair. No clinical evidence or malignancy was detected. Mammograms showed dense dysplastic breasts with an area of localised dysplasia in the subareolar region of the left breast. Routine blood tests and x ray examination of the chest gave normal results.

An excision biopsy of the lump was performed, showing a florid granulomatous reaction in the breast with features of an acute and chronic inflammatory reaction, but no evidence of malignancy. The histological evidence confirmed a diagnosis of a pilonidal sinus of the nipple, a previously unrecorded site for this condition.¹⁻⁴ I believe that the mechanism for the pilonidal sinus in this site is similar to that which accounts for this condition in the interdigital clefts of hairdressers.⁵ To my knowledge this unusual hazard from dogs has not been reported previously.—ARPAN BANERJEE, senior house officer of medicine, Leicester.

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3 Anonymous. Postanal sinus [Editorial]. *Br Med J* 1980;281:959.

4 Corman ML. Classic articles in colonic and rectal surgery: pilonidal sinus. *Dis Colon Rectum* 1981;24:324-6.

5 Bascom J. Pilonidal disease: origin from follicles of hairs and results of follicle removal as treatment. *Surgery* 1980;87:567-72.