

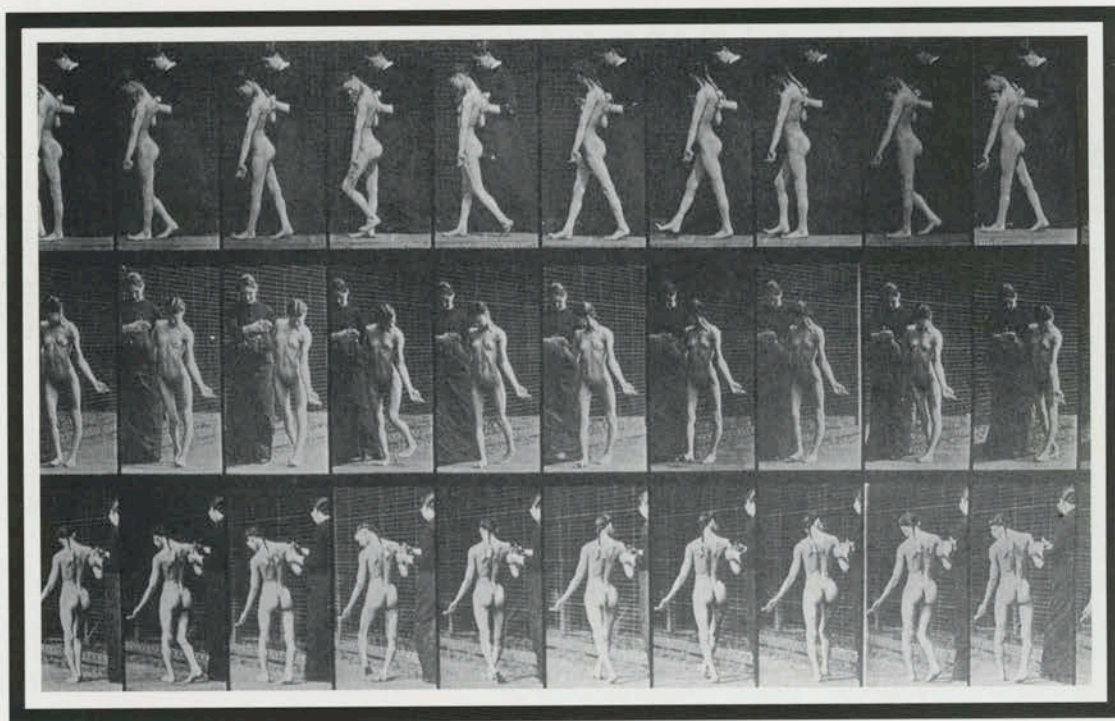
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SPECIAL ISSUE

The Nude Image In Medical
Photography

Nudity in clinical photography: A literature review and the quest for standardization

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Nudity like death is a part of life; but like death, nudity is repugnant to many who live. . .

Louis Keith, M.D.

Introduction

Photography has become an indispensable tool for the delivery of information in the worlds of medicine and scientific research. However, in the current visual and digital age, the use of technical images has become so widespread that utilization of visual material often precedes our intellectual understanding of the material's potential impact or broader social meaning. Biomedical image-makers working today must realize that visual documents can cross discipline boundaries.

For example, we recognize in 1996 that an image of the human body can function in a wide variety of ways, serving as a clinical document, as a tool for medical education, as research data, or as medical legal evidence. In a recent shift from traditional academic thinking, medical images have successfully been employed as public health tools for disease prevention. In a related twist on tradition, many individuals working in the world of the fine arts have adopted a 'medical aesthetic' to address social, political, and sexual issues. In this fascinating and potentially problematic situation, both historical and contemporary medical images have been appropriated, manipulated, or re-



Figure 1—Of necessity, nudity is part of the day to day business of medicine. Reprinted from *Clinical Photography*, N-3, courtesy Eastman Kodak Co.

staged as part of a creative artistic process; and no shortage of moral, ethical, and legal questions have been raised. It is interesting that there has been a concurrent ground swell of interest in early medical photographs. These are now being re-evaluated from an *aesthetic* point of view and re-examined for their social and psychological content. As a result of this incredibly diverse array of uses and possible long-term reinterpretations, the biomedical photographer must carefully consider the professional, legal, historical, and moral issues when imaging the body; and care must be taken to strip an image of unnecessary socio-political content.

There are a number of important decisions that must be made before a clinical photograph is made. Historically, in photographic training programs and in professional publications, a great deal of attention has been paid to the importance of standardization of *technical* aspects of image production. Entire reference texts exist that address the issues of standardized lighting, camera angles, reproduction ratios, choice of sensitized products, and a host of other variables dealing with technique. Although a photographer's experience level and professional competency also affect image production, the presence of standardized guidelines can serve to minimize variance between image makers.

Of all the *non-technical* aspects of biomedical photography, the issue of patient nudity has never been fully addressed. The question of when and how to employ nudity is probably the single most sensitive aspect of clinical photography from society's point of view. However, only passing references to the subject were found in the major clinical photographic texts. Surprisingly, no comprehensive standardized approach to the use of nudity in medical photography could be identified.

Nudity in the world of medicine

Of necessity, nudity is part of the day to day business of medicine (Figure 1). In general practice and in most medical specialties, the request "Please remove all of your clothing and step into this gown, the doctor will be right with you," is commonplace. Although it may result in patient anxiety, this di-

rective is neither unexpected nor inappropriate. The unclothed patient and the field of medicine interact in a symbiotic way. The medical community needs access to the entire body in order to correctly diagnose diseases, and the patient's health care needs cannot be met without accurate medical diagnosis and intervention. Nudity, therefore, is necessary and normal.

For the aspiring physician, the process of understanding and dealing with clinical nudity begins in medical school. Although the medical textbooks designed to teach physical diagnosis usually give only cursory attention to the issue of nudity, every medical student becomes indoctrinated into the professional rituals of handling the body during the first or second year of training.

A medical student's first contact with physical examination and nudity comes during the scientific portion of medical training. Students are introduced to human anatomy in small groups and are assigned to a preserved cadaveric specimen. Generally, one learns to examine the body with all anatomic areas covered, except for the specific region in question. This is a format that will later be encouraged when "living specimens" are examined. Later, to help students bridge the transition between scientific training and patient contact, most medical schools include a course on physical diagnosis in the curriculum prior to the start of the student's third year clinical rotations. A significant amount of time is spent outlining an approach to bodily examination and time is spent discussing the many issues surrounding the doctor-patient encounter. During the final two years of medical school, the student's responsibilities with patients are incrementally advanced, and the individual's behavior is carefully evaluated and refined by both resident house

staff and attending physicians. Following graduation, new physicians who choose careers in the clinical specialties advance into residency training programs. Again, responsibilities are gradually increased, and examination of the body becomes second nature. This process allows for development of a personal style, confidence, efficiency, and the refinement of diagnostic techniques. Any psycho social reactions a young physician may have had regarding patient nudity quickly diminish. By the time a doctor has completed training and has entered practice, the physical examination has become completely routine.

In the day to day practice of medicine, total nudity is not necessary for all medical exams or procedures. In fact, only a minority of patient/physician interactions require a state of total undress. The vast majority of patient encounters are focused on an isolated anatomic region, and often only the area in question must be inspected. In any case, however, there is an understood guarantee of privacy that allows for professional examination, diagnosis, and treatment. If visual documentation of the physical findings is required, then the photographic process must be seen as a *direct extension* of the private interaction initiated by the physical examination.

Nudity in medical photography

The unclothed human body cannot be avoided by the surgical photographer, and it is also commonly seen during the documentation of patients in the clinical office setting in the sub-specialties of Dermatology, Orthopedic Surgery, Pediatrics and Plastic & Reconstructive Surgery. The two situations differ in practical and psychological ways.

Table 1—Generally recognized variables which require standardization in clinical photographs

1. Camera body	9. Reproduction ratios
2. Lens/focal length	10. Quality of light
3. Emulsion	11. Lighting angles
4. Shutter speed	12. Background
5. Aperture	13. Patient positioning
6. Depth of field	14. Perspective
7. Sharpness	15. Film processing
8. Accuracy of color rendition	16. Image labeling, storage, and retrieval

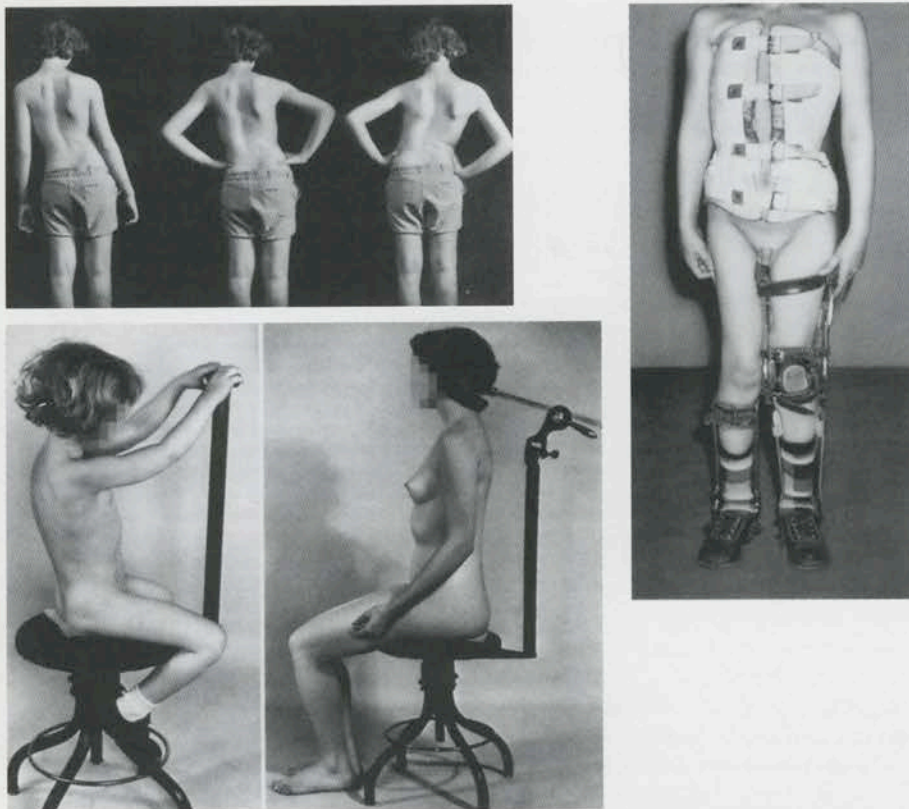


Figure 2—The unclothed body cannot be avoided when documenting patients. This group of photographs from *Clinical Photography, N-3* also illustrates some of the inconsistencies prevalent in the treatment of nudity in patient photography. Might the series of the scoliosis patient been more successful with the use of a less conspicuous cover garment? (See also Figure 3). In the picture of the young boy with the leg brace, nudity allows full visualization of the device and its relationship to anatomy, although some have voiced concerns about showing a child's genitalia. In the pair of photographs of the girl and woman in the chair with support, one of the patients is photographed with her socks and shoes still on, both distracting and inconsistent elements.

In the first case, the surgical photographer usually documents patients who are under heavy sedation or general anesthesia, and the anatomy has often been carefully draped and composed. As a result, there is little direct patient-photographer contact, and a minimum of patient (and photographer) anxiety. Clinical photographers in the office setting, however, must be able to handle the nude and fully cognizant patient with ease and professionalism.

It is an interesting observation that medical photographs produced in 1995 come primarily from two sources. Many physicians and surgeons document their own medical cases. Although the skill and training of these physician-photographers varies widely, the advent of high quality automatic camera equipment has made it possible to produce "satisfactory" (albeit non-standardized and anecdotal) clinical images with no formal photographic training. This has resulted in an in-

creased production of photographs by physicians themselves as well as allied health professionals under physician directives. Although professional medical photographers probably produce the second largest body of material, it is the suspicion of the authors that the *minority* of medical images being generated today are captured by this group. In any case, the medical issues, legal ramifications, and patient-related concerns are constant, and the standards and guidelines should be uniform regardless of who trips the shutter.

Many previous publications have addressed the standardization of the technical aspects of patient imaging. The widely acknowledged variables that should be controlled have been outlined in Table 1. Although the professional and academic photographic communities believe that it is unacceptable to produce a clinical photograph that is technically imperfect, it is the belief of the authors that it is just as undesir-

able to create a technically immaculate image without standardized attention to the issue of patient nudity. Variability in the way nudity is handled can lead to a patient's psychological discomfort, scrutiny by a wary public and legal community, and misinterpretation of visual information because of unnecessary or distracting image contents. (Figure 2). Standardized guidelines regarding nudity in clinical imaging are needed by all practicing clinical photographers, *regardless* of job title, photographic training, or technical expertise.

The approach to nudity in photographic training programs and workshops

Given the frequency of photographic encounters with partially or fully unclothed patients, one would expect that photographic training programs, whether on a collegiate degree level or within the workshop format would spend a significant amount of time addressing the issue of patient nudity. Apparently, this is not the case.

In analyzing the didactic education of medical photography, it is apparent that the vast majority of attention is directed toward the development of critical technical skills. For instance, the effective use of lighting, equipment, exposure, and processing are stressed in all programs identified. The finest training programs provide additional experiences in specialty areas such as close-up photography, photomicrography, and ophthalmic imaging. Some programs offer cursory sessions on the clinical imaging of patients, but it is often hoped that a student will gain solid exposure while on an extra mural co-operative experience or in a work study situation. Formal curricula that facilitate standardized yet sensitive patient imaging are rare. In the workshop situation, it also seems logical that patient imaging sessions would address the practical, psychological, ethical, and legal issues of handling clinical patients. Not only is it rare to find a program agenda that alludes to these issues, but many workshops provide no exposure to human subjects at all, let alone interaction with actual medical patients.

Within the curriculum of Biomedical Photography at the Rochester Institute of Technology (which may represent the most comprehensive and

idealistic educational structure of its kind), the faculty believes that students must be prepared to appropriately handle the issue of total nudity. To achieve a credible didactic experience for the student, the department requires participation in an assignment which specifically addresses the management of an unclothed patient. This is accomplished by role playing in an actual photographic session with a patient, followed by a critique of the performance of each student by a faculty observer. Each student has 15 minutes to run a complete patient photography session using as a dermatology patient a hired nude model. Following the exercise, the entire class participates in a debriefing. Unfortunately, the short length of the session and the one-time nature of the experience does not provide an ideal opportunity to acquire skills or to refine them over time. Also, the location of the session within familiar school walls (and therefore outside of the real clinical world) certainly changes the impact of the experience. In addition, the hired "patient" must clearly be very comfortable in order to agree to participate in the series of sessions with many students. The model therefore cannot be expected to present an accurate psychological and emotional challenge to the fledgling clinical photographers. It is also interesting that R.I.T. has no clinical affiliation with a medical institution (with the exception of ophthalmology) to provide

ongoing, significant patient contact for students. Nonetheless, the institution is to be commended for its significant attempt to communicate principles of patient photography and to address the practical, moral and legal issues of nude image acquisition. Ideally, as in the world of traditional medical education, photographic students would also learn directly from actual patients who have suffered from real disease or trauma, and the challenge of gathering the images would occur within the difficult environment of a hospital or medical office.

Lack of standards in medical centers and hospitals

If photographic training programs and seminars fail to provide a standardized approach to patient photography, it would be hard to imagine that any consistency exists in the practicing world of professional imaging per se (Figure 3). To assess the situation, a telephone survey was done of a sample of diverse institutions from across the United States. The findings are summarized in Table 2.

As suspected, there seems to be no accepted standard and no consistency in the way that nudity is handled in clinical imaging on a day to day basis. It is interesting that each person interviewed had a strong conviction that the approach that he/she employed at their institution was correct since it seemed to work. None of the institutions in-

cluded in the survey had experienced a legal issue or a patient related problem recently. Unfortunately though, legal, moral, and ethical issues do arise around the country each year. Sadly, the legal defense of these accusations has been difficult, since practices vary widely. The significant diversity in approaches to nude patient imaging and the lack of recognized standards provide neither a set of guidelines for a biomedical photographic practice nor a foundation on which to base a defense of a charge of impropriety.

Review of the photographic reference texts

It would seem logical that a published approach to the management of nudity in clinical photography would exist. A review of major reference works provides little insight into the practical management of the unclothed patient. Neither *Medical Photography in Practice* (Linssen 1961), nor the 1969 volume *Longemore's Guide to Medical Photography*, offer suggestions or provides insight.

In *Photography in Medicine* (Smialowski 1960), the author gives brief attention to the topic by stating, "Photographs of patients undergoing orthopedic treatments are often taken with various stages on undress. A dressing room should be provided or a corner of the studio may be separated by a curtain for purposes of a dressing area." He goes on to write, "The patient should change into a hospital gown or smock or be covered by a sheet or blanket until the moment the photograph is to be taken. The patient should not be exposed for any longer than is necessary for taking photographs." Additionally he recommends, "The pubic area may be covered with a small binder."

In the oft-quoted reference *Clinical Photography, N-3* (Gibson 1972), the author discusses the topic of nude patient photography on page 4 by stating that "He (the clinical photographer) takes pictures with part or all of their clothing removed to show what is usually an embarrassing condition or deformity. He should not be embarrassed at nudity nor squeamish about the grimness of advanced conditions." On page 51 he states, "No clothes should appear in the area photographed as a general rule. But when working with teenagers with orthopedic prob-

Table 2—A sampling of practices regarding patient nudity at selected institutions

1. Does your hospital or department have a written policy for the management of nudity in clinical photographs?
All respondents—No
2. What is your approach to the management and requirement of nudity in the clinical photographs that are made?
All respondents—No consistent policy
3. On which factors do the management of nude clinical photography depend?
 - Lack of institutional policies
 - The imaging department's unwritten philosophy
 - Physician's orders
 - Perceived legal issues
 - Age of the patient
 - Photographer's personal beliefs

Source institutions were: Duke University, Henry Ford Hospital, Johns Hopkins Medical Center, Medical College of Georgia Children's Hospital, Southern Illinois, St. Jude Medical Center, and West Virginia University Medical School

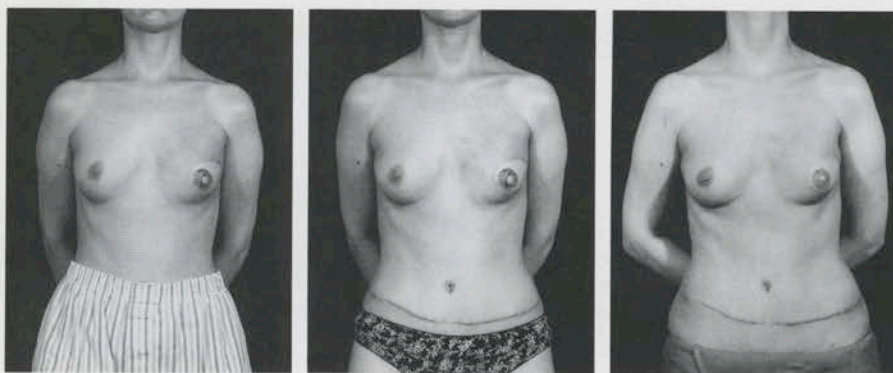


Figure 3—Inappropriate and conspicuous cover garments can often detract from a medical image. A blue towel (far right) is the least distracting of the three, is more professional looking, and is always available so that each photo over a number of patient visits is consistent and standardized.

lems, some form of brief can be offered to them but only if they appear self-conscious." One can only wonder how the author accurately assessed a patient's level of self-consciousness, since this is rarely communicated verbally by a patient. On page 82 Gibson formalizes a point that has since been echoed by many authors "Neither in the atmosphere of the medical studio nor in the photographic results should there be any hint that the patient does something indecorous by disrobing." Credence is added to this philosophy when one realizes that the world of medicine approaches the situation similarly when a physician asks a patient to disrobe for a physical examination. Gibson continues "The area photographed has to be uncovered; the camera field should be confined to that area plus an anatomical landmark when feasible. Stray clothing should be kept out of the area. Patients are accustomed to being asked to disrobe in clinical settings and photographers should ask for the same procedures." He concludes his suggestions on page 83 by writing, "A cover should not be routinely offered because in many instances it can make a patient suddenly conscientious of a nudity not felt before. As a general rule, apart from other considerations, when a female patient is photographed by a member of the opposite sex, a chaperone should be present. Sometimes in ideal situations, a photographer of the same sex provides the best possibility of managing the session."

In the well recognized *A Guide to Medical Photography* (Hansell 1979), the reader can find a short discussion about the use of chaperones on page 149, but no information is offered to

guide the photographer on the proper use of nudity. Patricia Trumball, the primary author for the section, warns that "It is always advisable to have a chaperone present if a male photographer is photographing a female patient whose clothing is to be removed. In these circumstances embarrassment to the patient is lessened by a female assisting in the dressing, and undressing as well as preventing the possibility of hysterical accusation of assault against the male photographer." The language employed by the author and the gender roles assigned may seem antiquated to the current reader, but the points remain valid. In society today, with more inclusive gender roles and acknowledgment of alternative sexuality, it is probably best to offer all patients chaperones during the photographic session when any potentially sensitive anatomic area is being photographed, regardless of the sex of the patient, photographer, or chaperone.

In the most recent publication on the topic, Robin and Gigi Williams write in *Biomedical Photography* (Vetter 1992) "Assess which clothing, make-up, watches, and other jewelry need to be removed and explain your requirements clearly to the patient. Unless there are strong reasons to the contrary such items should never appear in clinical photographs. Many newcomers to medical photography, and incidentally many physicians, doubt the necessity of removing all clothing from the field of view." Additional strategies suggested include, "Always allow the patient privacy in which to dress and undress and never hurry an ill patient. Never leave the patient uncovered longer than is necessary or

ask them to remove more articles of clothing than is required. Take the most embarrassing views first gradually allowing the patient to redress in stages." It is the opinion of the authors of this article that the Williams team need not question its own principles by suggesting that it is acceptable to "preserve modesty by the use of plain surgical drapes." In the collective experiences of the three authors of this review, not a single patient in thousands who were sensitively photographed, voiced any concern whatsoever, when asked to disrobe for a photograph that included psychologically sensitive anatomic regions as the primary or adjacent anatomic zones. The offer of a drape, bikini or other device reinforces the negative and obscures the reference region.

All of the texts reviewed, including those mentioned above, provide some insight and several useful recommendations to follow when photographing patients. Unfortunately, there also exists among this august body of authors, a great deal of ambiguity and a difference of opinions. No comprehensive outline of the issues is presented, and decisions must therefore be left up to the individual photographer. If one were to review the texts for guidance, many decisions would still need to be made based upon the photographer's comfort, personal training and experience, the perceived issues of a patient's feelings and psychological stability, and the ever-present issue of local moral standards and legal precedent.

Review of the *Journal of Biological Photography*

A review of the most widely regarded source in the periodic photographic literature was undertaken to see if unanswered questions about the use of nudity in clinical imaging have been addressed, and to search for a solid set of guidelines. The *Journal of Biological Photography*, the official scientific publication of the Biological Photographic Association, publishes carefully reviewed material contributed by biomedical imaging specialists, professional photographers, and practicing physician/photographers. It is seen as a vehicle to share information and techniques necessary for the production of valid scientific and medical images, and as an educational tool for the related

professions. For this review, the *Journal* was combed for pertinent information from the mid 1930's to the present. Some isolated and interesting minor references to the topic were found, but as with the photographic texts outlined above, much less was identified than one would expect.

In June of 1948, the first piece appeared in the *Journal* that addressed the issue of clinical photography. Entitled "The Preparation of Patients for Photography" (Sadler 1948), the paper shared the author's philosophy that has for the most part withstood the test of time. In the opening sentence, Sadler writes "A protest against the unshaven faces that are photographed in the name of medical photography prompted this paper, but it was soon considered advisable to discuss matters pertaining to the preparation of patients for photography." Additionally Sadler develops the premise of the release and consent form in this article in great depth and also provides examples of such forms. He covers the technical aspects of clinical photography that are consistent with Table 1. He discusses the usefulness of attendants, and with regard to attire he writes, "No clothing of any kind should appear in the picture. Hospital gowns or pajamas should be totally removed; also socks, shoes or slippers. Outpatients should undress as required. A good rule to follow is for face, head or neck, strip the patient to the waist or sometimes in the case of women, all clothing should be removed, but the pubic region may be draped if not essential to the picture. For full length views, no drapes, loin cloths, socks or slippers, but a blind may be used."

From 1931 through July of 1995 a total of only six related articles appeared in the *Journal of Biological Photography*. In Vol. 18, No. 4, a paper was published dedicated solely to "Legal Aspects of Patient Photography" (Holman 1950). In Vol. 35, No. 1, Gervais (1967) evaluated "Patient Handling" with no mention of the topic of nudity. In Vol. 46, No. 2, Allan (1978) discussed "Pediatric photography in comparison to adult photography," and states "When nude photography is necessary, either with boys or girls, be aware of the embarrassment caused them. With the girls, I ask them to slip off their clothes and put on their robe.

I'll be back in a minute, then I leave. Tap on the door when you are ready. This gives her a chance to compose herself and take a minute to be angry because the probability exists that no one told her that she would have to take her clothes off. It's unfortunate, but there are many times when the photographer is the one to explain the nature of the photographs to be taken."

In only two other issues were references made to the practical management of patient photography. In Vol. 48, No. 4, Michael Tarcinale (1984) revisits "The Medical Photographer's Role in Protecting a Patient's Right to Privacy," while in Vol. 53, No. 4, A. Robin Williams (1985) writes on the "Positioning and Lighting for Patient Photography."

Clearly, no definitive review and list of criteria had been published in the *Journal* that could serve as a guide with relevance for today's imaging community.

Review of the historical body of nude medical images

The early history of medical photography seemed a logical place to begin a search for a frame of reference when analyzing nudity in clinic photographs today. The motivation to start here was simple; historical review could reveal patterns or approaches that were era or discipline based. It was hypothesized that parallels might be drawn from early practices to the current lack of standards.

To ascertain the validity of this hypothesis, examination of many historical references were undertaken including the review of, *Masterpieces from Medical Photography* (Burns 1987), as well as *Early Medical Photography in America* (Burns 1983), both produced by the Burns Archive. These publications offer an extensive collection of photographs as well as an in-depth analysis from which a historical perspective on the use of nudity can be speculated. In the review of all the material, it became apparent that from the beginning of photography, and its applications in medicine, there were few norms applied to the use of nudity in the clinical photograph.

Before further evaluation, it must be remembered that any analysis of early medical photography, using a

20th century perspective does little to assist with the understanding or contextual reference to the photographs from this period. Photography was very young as a craft/discipline and so the mechanical execution of exposure, focus, development and management of the subject were quite challenging. Exposures were long, so subjects needed to be immobilized using furniture or other stabilizing devices such as braces that were often included in the pictures. Consequently, many of the early medical photographs might have other interpretations if taken out of the medical arena because of the almost portrait like quality many of them exhibit. The photographs that were reviewed also display varying degrees of nudity, ranging from none to total. Based on the backgrounds of the physician/photographers who produced much of their own work, very loose compositions were often made of very large fields. Almost universally, it was observed that there was no consistency. In some photographs, articles of clothing remained on the patient, with men in shirts and neckties and women in full dress for upper torso anomalies. Some unbuttoning of the blouses was observed to reveal necessary pathology, while in other examples total nudity was adopted.

Through the author's analysis in *Early Medical Photography in America*, much can be learned about the language of the medium and its importance from a historical point of view. In this volume he quotes William Crawford's *Keepers of Light* "the significance of photography could never be understood until one understood the problems it solved—that is the problem of accurate visual information." Consequently, in order to analyze how and why nudity was used in clinical photography, one must see the work in historical context and review the largest possible sample of images, the how and why nudity was used in clinical photography produced during the time period needs to be contextual and contrasted to the largest sampling of work possible.

The use of total nudity in medical photography seems out of context in the mid-nineteenth century Victorian era. An understanding, however, of the popular and scientific mindset of the time is necessary to correctly evaluate the concepts at work. What has been overlooked by contemporary general

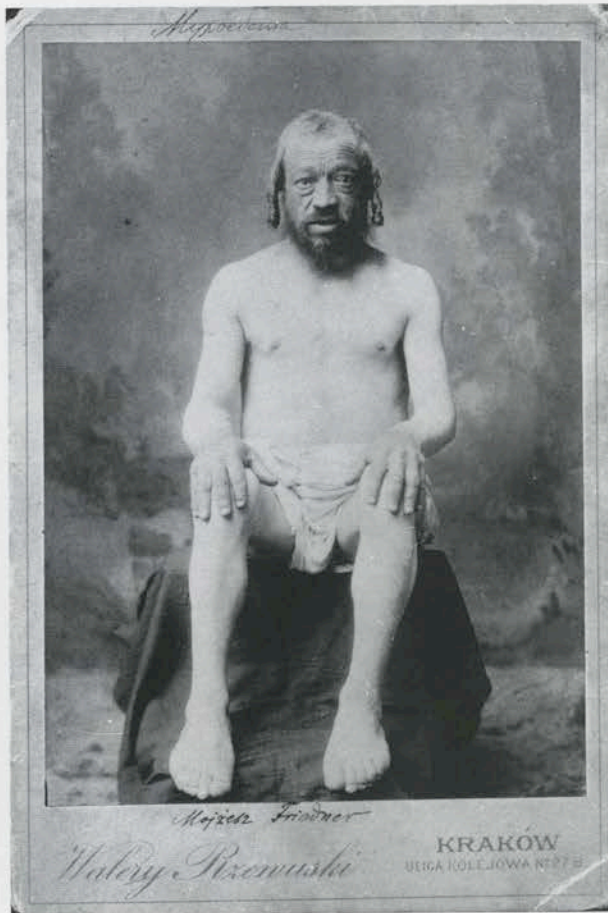


Figure 4—A powerful example of the importance and acceptance of nudity in medical photography is the photograph of a Polish Hassidic Jew with a glandular dysfunction. Orthodox tenets forbade graven images and photographs of Orthodox Jews in the nineteenth century are exceedingly rare and even partially nude photographs are previously unrecorded. In this image, Mojzesz (Moishe) Friedner of Krakow had his photograph taken so that he did not have to personally travel to Vienna to see the leading specialists in glandular diseases. © 1996 Stanley B. Burns, M.D. and the Burns Archive.

and photographic history audiences is the nineteenth century ideology that body configurations, and especially head shape, were important factors in the determination of mental and physical disease. This obsession with body shape was a generally accepted cultural currency.

In the pre-laboratory medical scientific era, the most important scientific data obtainable were related to measurement. Much of this, now acknowledged as a pseudo science, persisted right up to the start of World War II. The nude photographs of college students are today well known examples of this philosophy.

A powerful example of the importance and acceptance of nudity in medical photography is the photograph of a Polish Hassidic Jew with a glandular dysfunction (Figure 4). Orthodox te-

nets forbade graven images, and photographs of Orthodox Jews in the nineteenth century are exceedingly rare and even partially nude photographs of Orthodox Jews are nonexistent. In this image, Mojzesz (Moishe) Friedner of Krakow had his photograph taken so that he did not have to personally travel to Vienna to see the leading specialists in glandular diseases. His local physician sent the photograph instead.

Several examples of the use of nudity are evidenced in Burns' *Masterpieces of Medical Photography*. The photographic *Study of Human Motion* produced by Eadweard Muybridge, produced in 1887, (Figure 5, and cover photo) a most ambitious research project which has yet to be reproduced, utilized total nudity. Unfortunately within Muybridge's body of work, his approaches wander from the use of total nudity to full dress with little visible logic in its use.

Other interesting examples of nudity in clinical photographs can be found in other photographs from the same collection. The photograph of a young scoliosis patient of Dr. Sayre and his suspension device made in 1877 shows very clear awareness of the use of nudity in a photograph by only removing the young patient's blouse and not fully disrobing the body (Figure 6). Why might Dr. Sayre have chosen to leave the patient's full dress on below the waist? Was it concern for patient modesty or that removing the dress

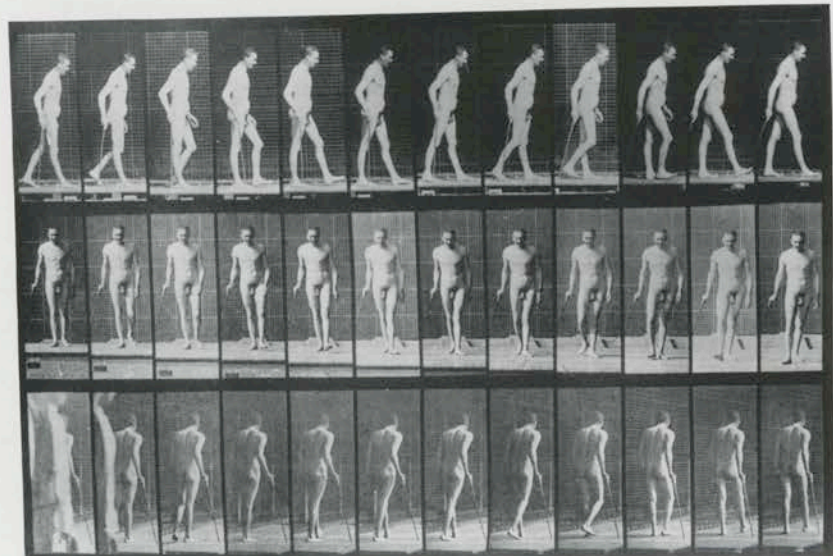


Figure 5—Many of the subjects in Muybridge's *Study of Human Motion* were photographed in the nude. (See also About the front cover, this issue) © 1996 Stanley B. Burns, M.D. and the Burns Archive.



Figure 6—Dr Sayre's Scoliosis Device, 1877. Was the patient's dress left on out of concern for the woman's modesty or was it simply not considered? This photo has also been reproduced as an example of early art with erotic overtones. © 1996 Stanley B. Burns, M.D. and the Burns Archive.

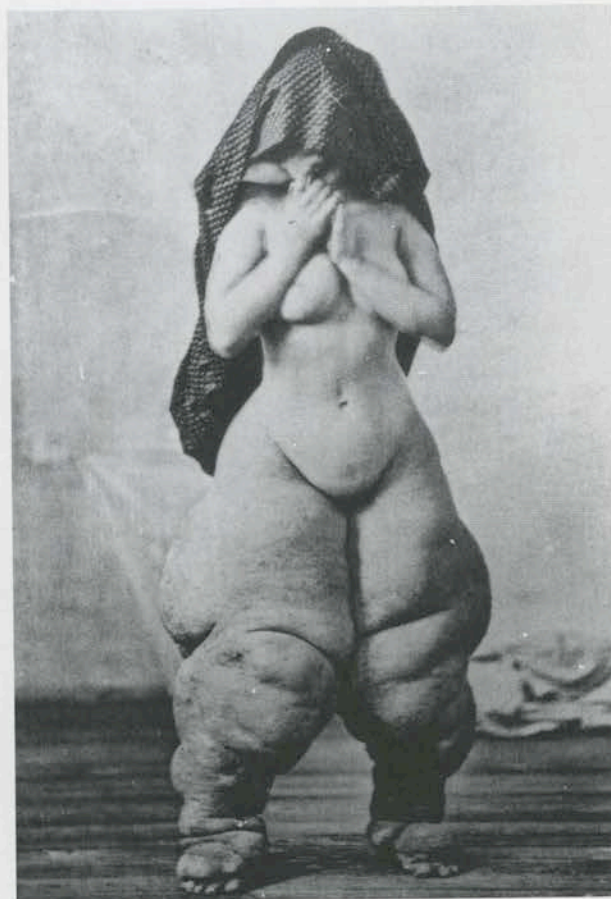


Figure 7—Young Woman with Elephantiasis from *Scarlet Fever*, 1878. What is historically important about this photograph is that the girl's face is artfully covered: in this era the face would not necessarily have been covered as it was not the convention of the time. The girl died five days after the photograph was taken. © 1996 Stanley B. Burns, M.D. and the Burns Archive.

was simply never considered? Additionally, this photograph has been reproduced several times as an example of early art containing erotic overtones. Why would a medical photograph be considered art? The answer to this question is context. When viewed with other photos from the same body of work and a reference to medicine, it is clearly medical photography; yet out of the context of medicine, the photograph becomes something very different.

The last photograph is entitled "Young Woman with Elephantiasis from *Scarlet Fever*" taken in 1878 (Figure 7). What is historically important about the photograph is that her face is artfully covered; in this era the face would not necessarily have been covered, as this was not the convention of the time. During this era, men did not have their faces covered in nude medical photographs, while women were depicted with their faces obscured

about a third of the time. It appeared as though the importance of the medical condition and the seriousness of the disease determined whether or not the head was shown. Many of these women simply had a cloth wrapped around their heads, others had their photographs cropped so none or only part of the face remained visible; still others were posed behind a drape that artfully hung across the extreme upper photographic field that covered the patient's head. Covering a face was a personal consideration not a medical standard of the time. This girl was probably covered because her condition was so horrible. She probably was beautiful as her history suggests, and her body was obviously voluptuous from the waist up. The face was covered in a veil-like manner in oriental fashion, (see note, below) not wanting to be remembered as the monstrous beast she was from the waist down. She died five days after the

photograph was taken. Curiously, covering the face in a flowing veil manner presents a provocative and exotic image. The veiling of the face was seen as a mysterious and an inherently erotic gesture which was popular in the art world at the time. **Note:** *The Orient in the nineteenth century referred to the Middle East. The Orient represented the most exotic and mysterious world to Europeans and was close enough to travel to. Oriental subjects, especially the odalesque, was for a time among the most popular artistic subject matters.*

Total nudity in clinical photography of men and women was common in the nineteenth century. It should be explained that most of these were images of the middle and lower class as the wealthy have always protected their privacy. This seems to be an important issue for some sociologically bent historians. However, to this day the rich pay for isolation and privacy. It is a privi-

lege money buys and it is as simple as that. Nudity and its inclusion in photographs was, from the onset, handled differently by each photographer and for each patient.

Current image appropriation

In an attempt to understand more clearly the lack of standards within the profession, the evaluation of nudity in other areas was undertaken to ascertain if there might be parallels. As this research progressed, an interesting paradigm presented itself in the review of the work of Joel Peter Witkin. This artist incorporates body parts and nudity, cadavers and unusual biologic creations into his photographic work with an obsessive zeal. Original reactions to the work might include horror or outrage but at the same time the viewer is pulled in by the work's aesthetic appeal and filled with a total fascination of the bizarre and unusual. Witkin's photographs, clearly art, are filled with medical subjects. His approaches to the photography violate all the standards that are found in the ethical code of conduct that is part of the BPA's Registered Biological Photographer (RBP) program. Witkin's critical acclaim and creative success illustrate that medical

photographic standards, and medical ethics issues, are not considered relevant in the current fine art climate.

Witkin's subjects might seem to be treated with minimal respect and dignity and are seemingly portrayed with pornographic sadomasochistic or sadistic treatments. The photographs are clearly not medical photography, however, many of Witkin's subjects are the traditional subjects of the medical photographer. Living subjects, participate of their own free will. It should be considered for a moment that it is not the photograph itself, but the *intent* of the photograph that determines how the picture is categorized. This point is quite important and is supported by the examples of Dr. Sayre's early work dealing with scoliosis devices.

Medical photography or art, medical photography or pornography? If this argument is supported, then a medical/clinical photograph of a child out of context of a medical application could be seen as child pornography (Figure 8). Consequently if the viewer and/or intent is considered to become an integral part of this loop, what criteria can then be chosen for the utilization of nudity in the clinical setting?

In the preface to *Forty Photographs* (Witkin 1985), Van Deren Coke,

director of photography at the San Francisco Museum of Art, writes, "Medical Photography of Freaks or pornographic work? The question must be raised but examination of these photographs leads to the answer that there is a mystical and even darkly spiritual quality to his pictures that is at odds with pornography. Pornography is intended to arouse lust immediately, not after contemplating a picture and thinking about its many implications. Pornography is a substitute for actual experiences and tends to trivialize and focus narrowly the sexual urge. Witkin recognizes this strong universal urge and defines its manifestations in broad uninhibited ways but the results have a aesthetic as well as emotional power. Pornography lacks the first and deals with the second in a superficial way. By his allusions to art history and his reinterpretations of classical symbols, he signals the seriousness of his work. This being the case, medical photography is intended to serve in teaching and documenting for medicine and medical conditions. Photography is not a substitute for reality, however it serves an important role."

Witkin produced several photographs that when contrasted to early Medical Photographs, exhibit striking similarities but also exhibit glaring differences. In *Masterpieces of Medical Photography*, the photograph, "Dissected Head in Soup Plate" by Howard Brundage, MD, 1905, (Figure 9) bears a remarkable similarity to a photograph made by Witkin, "Head of Deadman" taken in Mexico City. Intent and audience, not subject matter should be the criteria used to categorize and clarify photographic works.

In a very recent article from the *New York Times Magazine*, (January 15, 1995), Ron Rosenblum chronicles an unusual research project referred to as "The Posture Photo Scandal, where the use of nudity, while in every respect a very touchy matter, set off indeed a kind of touchstone for registering the uneven evolution of attitudes toward body, race and gender in the past century." In the 1940-60's a researcher from Columbia University, W.H. Sheldon, "Held that a person's body, measured and analyzed could tell much about intelligence, temperament, moral worth and probable future achievement." The inspiration for this work



Figure 8—Medical photography or child pornography? Taken out of context this photograph could represent either. Photo by Michael Peres.



Figure 9—*Dissected Head in Soup Plate*, 1905, by Howard Brundage, MD. This photograph bears a remarkable similarity to one taken by Joel Peter Witkin, *Head of a Deadman*. Intent and audience, not subject matter should be the criteria used to categorize and clarify photographic works. © 1996 Stanley B. Burns, M.D. and the Burns Archive.

came from the founder of Darwinism, Francis Galton, who proposed such a photo archive for the British Population. The research included the production of totally nude photographs of freshmen at Yale, Harvard, Princeton, Vassar, and Smith College complete with reference pins sticking out of the spine. Each of the photographs was analyzed and categorized. Sheldon's theory was based on somatotypes, with three classifications: ectomorphs, endomorphs, and mesomorphs. Most of the posture photos, whose original purpose was for the study of eugenics, were eventually destroyed because of their sensitive nature. "The data accumulated would have eventually lead to proposals to control and limit the production of inferior and useless organisms," writes Harvard historian George Hersey. Sheldon produced *An Atlas of Men*, that included hundreds of nude photos of men. *An Atlas of Women* was never completed which was the beginning of the downfall of this body of work. These institutions of higher learning referred to this medical photography as smut and dirt and said it was not welcome in their archives. As time passed, these photographs of now-important people were perceived to fall outside the boundaries of what is accepted behavior as related the proper use of nudity in medical photography. Of the thousands of photographs made, a very few still remain in the National Anthropological Archives in the Smithsonian with very

limited access. Beautifully standardized, and potentially valuable anatomic documents have been destroyed because society's perception of the intent.

Conclusion

In a comprehensive analysis of all the evidence presented, a hypothesis could be formulated stating that many of the current approaches utilized in the inclusion of nudity in clinical photography originate from personal and societal values. What might have been accepted practice in the 1880's may or may not be accepted in the 1980's and beyond. As a nation we continue to move towards conservatism and an awareness for concern about the patient. Patient rights, liability, and many other important issues govern how health care is currently delivered. With telemedicine on the horizon, and with multi-media, photo manipulation, digital cameras, and electronic publishing as tools, the ethical and legal aspects of clinical imaging can only become more complicated. Consequently, implementation of a more standardized approach in nude medical photography needs to be adopted.

A great deal has been presented in this paper for consideration on this very complicated topic. Very challenging concerns and issues remain at the heart of the issue. The original intent of the imagemaker needs to be considered. It has been seen that if a photograph that has been made for very spe-

cific purposes is viewed by a different audience, its content and message is quite different. Consequently, how intent is measured and assessed remains an intangible. Nudity is necessary and acceptable in medical photography, yet when medical photographs are viewed by non-medical people, they have meanings and interpretations that go beyond medicine. The authors believe that this will never change and our society's fascination with imagery might well be the primary motivation for this to happen. There are parallel experiences occurring within the criminal justice system of this country, in which historical photographs of criminals are appearing in museums and galleries. There is no way to insulate the photograph made for a specific purpose from other uses (from William Crawford's *Keepers of Light*), "The significance of photography could never be understood until one understands the problem it solved. That is the problem of accurate visual information specific to a need of a specific audience."

This issue, as well as the practical considerations of obtaining the visual data when nudity is involved, has not been well defined. To date, decisions on how to handle nudity have been made subjectively, whether the image-maker is a biomedical photographer, a trained office staff person, or a physician-photographer. The authors believe that standardized criteria for handling the issue of nudity in clinical photography by all members of the health care team are necessary and long overdue.

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Stanley B. Burns

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Stanley B. Burns, M.D., F.A.C.S., a New York City ophthalmologist is the creator, curator and proprietor of the Burns Archive. The Archive is generally acknowledged to be the finest historic photograph collection in private hands. This collection of over 350,000 vintage photographs has been the subject of numerous publications, documentaries and exhibitions. The core of the collection is early medical photography consisting of over 35,000 vintage prints from 1840-1920. Dr. Burns has authored eight critically acclaimed photo-history books and hundreds of articles. In 1984 he was elected a fellow of the American Photographic Historical Society. In 1990 and 1995 his books were chosen as the year's "Best Book on Photographic History." He serves as consultant to museums, corporations, the legal profession, individuals and the media. Presently he is working on a catalogue of the collection and a photo-history of lynching and vigilantism. For twenty years, Dr. Burns served as a Malpractice Mediation Panelist with the Appellate Division of the New York State Supreme Court. For twelve years he was a Peer Review-Reconsideration Panelist for the NY County Health Services Review Organization (NYCHSRO).