

Naomi Pearce on *Findings on Palpation* by Johann Arens

What to do with this information that is feeling?

I am overcome by a misplaced sadness following my first visits to the mortuary. At first I consider the feeling a comedown of sorts, high as I am on the sensory intensity of this space, the shock of intimate access to a stranger's body. Actually the sadness is on account of something weirder; the realisation that my loved ones will always remain opaque to me. Unlike the cadaver in the mortuary, I can't know the interior of the bodies with whom I am most intimate. I will never be able to describe the consistency of Annie's liver or the shape of Stuart's stomach. I would have to kill them first.

The mortuary I visit is a pedagogical space. The medical students I observe describe their cadavers as 'silent teachers'. Whilst they study anatomical structures with a view to preserve life, my learning diverts this pedagogy for alternative, perhaps inappropriate, means. I am out of my depth, struggling to follow the instructor's directions, unable to speak this scientific language. The mortuary environment, its dress code and protocol is alienating, I am physically uncomfortable. Disorientated by this experience I realise my conditioning to the gallery space and wonder what the limitations of this familiarity might be.

Findings on Palpation, a body of work produced in collaboration with Dr. Alejandro Granados at Imperial College, is also situated within a pedagogical space. Visitors enter the gallery via a reconstructed training examination room on loan from Amsterdam University Hospital. This architectural intervention forces these seemingly contrasting spaces into relation, drawing attention to their conventions, whilst making visible their shared function of enabling observation. Johann tells me he also wanted this gesture to prime visitors, making their fleshiness palpable; they are living, breathing bodymind's entering his exhibition.

In the essay *Escaping Babel: the surgical voice* Dr Roger Kneebone describes the consultation room as the bedrock of medicine; a space of negotiation between physician and patient. He understands voice in this context as extended beyond words to include facial expression, gesture, touch and even clinical interventions. Yet in his desire to track the various qualities of the expanded surgeon's voice, he recognises the

extent to which he is desensitised to it; ‘we stop registering what has become familiar, we need the “ears of newness” of the outsider.’¹ It is writers, artists and filmmakers he argues whose other sensitivities might be able to plot the co-ordinates of this vocal landscape.

Artery (chewed plastic staw)

Despite its silent cadavers, the mortuary is full of conversation. Dissection is a discursive practice, an oral exchange between the living inscribed into the fascia of the dead. This first morning the surface of my tongue is furred with anxiety and boiled sweets. There are ninety-five students in the room, all gangly arms, barely visible pores and shiny pony tails. Groups of five or six huddle around each stainless steel gurney, their lab coats white and starched. The shock of halogen strip lights in the morning. Everything here conducts heat. I ask to be stationed by a cadaver closest to the door. He is an eighty-two year old white man. Face down, tough neck, long arms, broad back. All still intact. Glutes and thigh muscles splayed open, sanguine greasy reflective sheen. He is swaddled in a thick plastic bag sliced open at the center. Sacks of beige tissue drift in fluid, claggy amber fat hugs the edges of his skinned hide. The students are beginning to dissect the back of his knee as well as the nerves and muscles of his lower leg. His hips, dislocated in a previous session, lie slack, their two raw knobs exposed pointing outwards. The students ask me to stabilise his right leg whilst they locate the sciatic nerve. My hand, sheathed in a powdery purple glove, cradles the arch of his foot. Gum rubber density, slicked skin blubber. Unlike preservation techniques using formalin, a chemical which dries out tissue making it rigid and grey, Thiel embalming fluid keeps the cadaver soft-fix and malleable, as close as possible to the colour it was in life. Thiel also makes matter oily, without flowing blood tissue deflates, his sags under a juicy gravity. The body is dense. White cobwebs cling to muscles. This crural fascia keeps everything tight: skin attaches to muscles in turn attaches to organs. It takes two tearing hands to separate

¹Roger Kneebone, “Escaping Babel: the surgical voice”, *Lancet*, Volume 384 (2014), 1179-1180

parts. In their search for arteries the students look for bony landmarks, grooves or prominences on bones which serve to mark other anatomical structures. The body draws its own map.

'I also have an interior', Johann remarks, as we discuss the optimal position for rectal examination one evening over a beer. Working on this project has taught him much about this most intimate of procedures.

Usually the body's cavities stay hidden, made present only by accident when something goes wrong. The film work included within *Findings on Palpation* depicts the use of a haptic Digital Rectal Examination trainer, a sculptural aid used to teach a student's probing fingers how to feel. On the screen a puzzle of colored organs appear. Prostate, colon, bladder interlock and float, revealed from an impossible angle. On the table, a gloved index finger probes a disembodied plastic squinter. Having visualised their touch with the help of these tools, students must learn to remove the insight they provide and understand their patients as opaque once more. The goal is for their fingers to learn how to see.

Lung (supernatural bubbles)

To access the lung we remove the breastplate with an oscillating saw. Above the gurney is a monitor, the screen glows with a diagram of our anticipated cuts. A single dashed line runs vertically down the centre of the chest, makes a sharp right just above the diagram, and then turns up again towards the armpit. We must cut along this line as though the skin were fabric, popping this bone casing like a pattern. The room is filling with mechanical movement. Tentative whirring and false starts splutter, interrupting other more confident monotonous drones. The air's chemical peat is invaded by the smell of burnt meat with the heat from the saw at work. A ball of fatty fluid rolls around the instrument's sharp teeth: a bead of fleshy run-off skimming stationary with the turning disc's speed. Our cadaver's chest rocks gently under the saw's pressure. Elasticated bones shake. The sound of the saw lowers in pitch as it goes deeper, meeting the darkness of that

potential space which has never experienced light. The students prod at his sternum, tracing the extent of their destructive work. A cross section of lactescent bone is streaked bloody, crumbly fudge, a spray of cartilage flaking. The floor vibrates through my boots. This is heavy work. The room is full of noise made with flesh: teeth clamped in the back of concentrating throats, steady humming, peaks of higher wailing as saws are lifted and metal turns free. Snip, snip with the scalpel now, tiny tearing. Pliers crunch through an awkward corner. Mobilise means to break. We look inside our heads craned. A cave of fresh wetness dangling. The room has gone quiet. His lung has adhered to the pleural cavity because of tumours. This would have constricted his breathing. 'You can see why they say people suffer from cancer,' a student sighs. The tube of a manual suction pump disappears into the dark space. It sucks chunks loudly, gurgling clotted liquid. Because the lung has lost its shape it will be difficult to remove. The students call an instructor over to help and she scoops the mass with both hands. Pulling the form free, brown slime escapes through her gloved fingers. She asks a student to cut along the root of the lung, through the arteries and veins, the bronchi and accompanying nerves. They hit something, the scissors won't do it. She uses a bone cutter instead. Hands cupped upwards as if in praise. Clotted blood oozes out from the roots into the empty space of his chest. The site of his rib cage collapsed. The instructor places the mass in a plastic tray. The students search for the lung's three tubes probing its surface continually. Some stroke lightly, others press firmly. Despite its failings, as I tease the mass between my forefingers it yields melting bubbles. The instructor tells us this is the only part of the body which feels this way. It's like nothing I have ever touched, not dense or fibrous like muscles, nor firm or dry like skin or hair. It is delicately aerated, something supernatural. Self-similar sacs of sublime sponge. Even though his lung is all goop and sticky tar we still leave the impression of our fingerprints on its surface.