



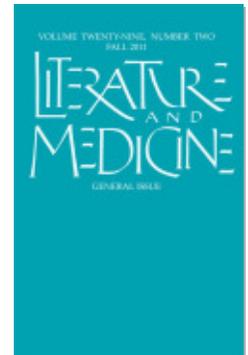
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Facing Pain: Dr. Hans Killian's Photo Book, *Facies Dolorosa*

Elisa Primavera-Lévy

A black and white portrait of a young woman: her round head is propped up on a pillow. The weary face, which is fully turned toward the camera, speaks of profound demoralization. Her overshadowed, strangely commanding eyes draw in the gaze of the onlooker. A thickly swollen throat, a partially exposed chest, and her face fill three quarters of the image, diagonally. In the indistinct white background, one discerns the shadow of a window through which daylight enters—light from the outside world which this woman, stricken with Hodgkin's disease, might never have seen again. Another image shows the emaciated head of a middle-aged, unshaven man resting on a cushion. With the head turned slightly away, his gaze passes the viewer, deeply absorbed in an inauspicious distance, a realm of pain, desperation, or perchance, expectation of things to come. This man with inoperable stomach cancer is bound to die. Nothing in the neutral, slightly blurry backdrop of hospital linens and cubicle curtains claims the viewer's attention; her scrutiny is directed exclusively toward the subjects' faces (See figures 1 and 2).

In 1934, Dr. Hans Killian, one of Germany's foremost anesthesiologists and surgeons,¹ published a volume of patient photographs with the intriguing title *Facies Dolorosa: Das schmerzreiche Antlitz* [*The Countenance in Pain*].² For this ambiguous enterprise, straddling medical documentation, aesthetic ambition, and an ethical goal to re-figure the patient as a human being in an age of an alienating, faceless medical practice, Killian assembled sixty-four portraits of mostly terminally ill and dying patients. The beautiful edition in quarto, with its glittering gold letters embossed on black cloth binding, is easily identified as Killian's pet project. Killian was an amateur painter, photographer, and lover of the arts who had previously excelled with purely scientific



Figure 1. *Juvenile Hodgkin's Lymphoma with Bouts of Suffocation*

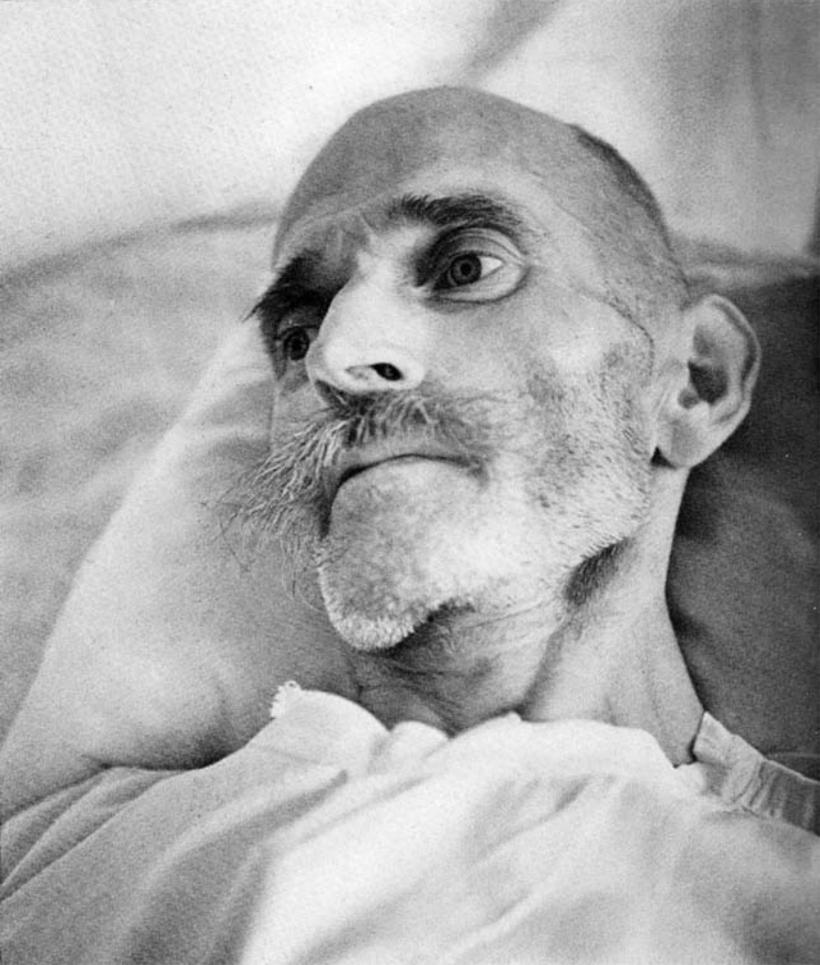


Figure 2. *Emaciation due to Inoperable Stomach Cancer*

publications. Multi-talented, Killian generally took precautions to keep his numerous interests neatly separated. His first book of photographs, *Farfalla* [*Butterfly*], for example, featured atmospheric images of butterflies that he cultivated himself, and appeared under an alias.³ Intended for doctors as well as the interested lay public, *Facies Dolorosa* could be read as a medical text or as a coffee-table picture book, and as such, Killian risked endangering his reputation as a stern man of science. Because of its inherent ambiguity, *Facies Dolorosa* conveys a palpable tension between fulfilling the standards of a scientifically sound presentation and the unfolding of the aesthetic and humanistic dimensions of photographing people in pain.

For his volume, Killian took photographs of children, men, and women of all ages in the Freiburg University hospital where he held the position of senior surgeon. His patients display differing expressions, ranging from almost serene composure to silent suffering, apathy, reproach, struggle, and acute pain. In the foreword, Killian reveals that his main interest in photographing his patients involved not showing the tangible pathological organic alterations and signs of disease, but rather the psychologically remote effects of sickness, the change in the patient as well as the mood at the sickbed ("Stimmung"), which he hoped to capture by the aid of his Rolleiflex camera.⁴ Photography, he felt, provided him with the means to encapsulate what he was after, namely a unique human essence beyond the quantifiable measurements and data of illness, an essence he later termed "das Unwägbar" [the imponderable] (56). The "imponderable," vaguely defined as the direct impression at the sickbed, is not only an obscure interest in some mystic quality, but also has a decisive influence on the diagnosis and indication. Results that are only based on lab examinations did not satisfy Killian. For him, "medical art" comprised immeasurable factors such as instinct, fantasy, and even a huntsman-like scent of which biological processes could have taken place in the patient's body (161).

Killian's photographic project raises pertinent questions about medical ethics, patient-doctor relationships, the limits of photography, and not least, about the contextualization of representations of suffering in arguing for a humanist cause. Yet another crucial issue concerns the reasons why a surgeon with a camera chose to photograph faces in pain. Wishing to counter an increasingly alienating medical practice, Killian's emphasis on pain functions as an essential metaphor for pointing to an unalterable and potentially unifying human condition. We shall also see how, by jumping on the bandwagon of the highly popularized physiognomic discourse of the 1920s and 1930s in Ger-

many, Killian could pursue his artistic agenda while not straying too far from the medical profession. However, the ways in which Killian located his pictures within a medical physiognomic-typological framework ultimately compromised his professed humanistic motivations. The focus of this article lies not on close readings of the photographs, which I wish to let speak for themselves. Rather, by contextualizing Killian's project within central preoccupations of Germany's pre-war culture, this article strives to answer some of the above questions and to open a discussion of this rather unique and largely forgotten photographic project.

It should not go unmentioned that Killian, like most members of the national-conservative medical establishment in Germany, joined the Nazi party early on, in 1933.⁵ Furthermore, from 1941 until the end of the war, with some interruptions, Killian was stationed at the northern Russian front and in Breslau as a "surgeon with advisory capacity" [beratender Chirurg] of the Third Reich. Medical advisors who held the military rank of staff surgeon were typically nominated if their worldview was in strict alliance with the National Socialist state.⁶ Nevertheless, in his memoir of his years as surgical advisor at the Eastern Front, Killian expressed sharp criticism of the National Socialist leadership and condemned the atrocities he witnessed, committed by the SS against partisans and civilians.⁷ Killian's ambiguous stance in the period of National Socialism is probably more typical of the role physicians played during the regime than the clear-cut and well-known cases of medical crimes and experiments on prisoners in the death camps and beyond. By pointing to Killian's Nazi affiliation, I do not wish to imply that *Facies Dolorosa* is an intrinsically National Socialist product or to suggest that it could not have been conceived outside of Germany or in another time period. After World War II, then Professor Killian continued working as a chief physician at the Freiburg hospital while authoring several immensely successful autobiographical works in which he tells the stories of unusual and dramatic medical cases.⁸ Before *ER*, *Grey's Anatomy*, or in a German context, *Schwarzwaldklinik* [Black Forest Clinic], there were gifted medical authors like Killian who sated the human need for fascinating, moving tales from clinics and hospitals. Killian died at the age of ninety in 1982.

On Physiognomics and the Promise of Pain

Killian's foreword to *Facies Dolorosa* warrants close attention for two reasons. First, it allows us to situate *Facies Dolorosa* within the

physiognomic discourse of the 1920s and 1930s, and second, it enables us to understand how the emphasis on pain functions vis-à-vis some of the well-known tropes of the German critique of modernity after 1918: the advance of science as an ongoing process of alienation, the moral and political danger of massification, the loss of wholeness or unity, and the wistful call for a “return to (fill in the blank).”

The subtitle of Killian's book, *Das schmerzreiche Antlitz*, establishes an explicit link with prior successful photo publications indicative of the physiognomic boom in Germany, such as August Sander's famous *Antlitz der Zeit* [*Faces of Our Time*]. It has often been remarked that enthusiasm for typologies as well as the attempt to explain human beings and their time with the help of techniques that were derived from the “physiognomic gaze” were substantial during the years of the Weimar Republic.⁹ To account for the intricacies of increasingly disorienting modern times, left and right wing intellectuals embraced typologies and physiognomics, which promised a more immediate approach to reality. This increased inclination toward schematism in Germany has been described as a response to social disorganization in the immediate aftermath of World War I. All phenomena, from physical anatomy to character, from handwriting to race were classified using new technologies such as photography as instruments of definition.¹⁰ Concepts such as “Anschauliches Denken” [concrete thought], “Typen” [types], “Gestalt” [figure], and “Antlitz” [face/countenance] resounded throughout popular discourse. Physiognomics, the science of determining human disposition and character by interpreting the shapes of facial features or of other parts of the physical appearance, had thus found its way into German non-academic culture, after it was decisively rejected by experimental science around 1890.¹¹ Correspondingly, the fascination with the truth of appearances found its expression in the publication of a plethora of popular photo books featuring mainly portraits of the German population with a tendency toward typological representation. In addition to Sander's *Antlitz der Zeit*, there was a proliferation of publications such as Helmar Lerski's *Köpfe des Alltags* [*Everyday Faces*], Erich Retzlaff's *Menschen am Werk* [*German People Working*], and Erna Lendvai-Dircksen's *Das deutsche Volksgesicht* [*The Face of the Folk*]. This production of photo books filled with earthy faces complements, of course, the contemporary lament about cultural homogenization and the demise of individual physiognomy. The German philosopher Karl Jaspers, for instance, observed tersely in 1931: “For a century, there has been a continuous decline in the level of the physiognomical expression of the generations.”¹² A “real face,” according to the common

topos of German cultural critique in the 1920s and 1930s, was rarely found among the pleasure-seeking, spiritually empty urban masses.

Not only do Killian's photographs purport to show "real faces," his photo book is clearly part of a contemporary cultural endeavor to sharpen the gaze and access "reality" and is therefore rich in ideological overtones. Yet, with the same project, he wished also to provide a valid typological framework for medical physiognomics. Descriptions of the different groups of patients precede the photographs. Killian arranged the sixty-four photographs of forty-seven patients into nine groups: (1) Ill people virtually untouched emotionally ["Seelisch nahezu unberührte Kranke"], (2) The experience of disease reflected in the face ["Das Krankheitserlebnis im Spiegel des Antlitzes"], (3) Goiters ["Strumen"], (4) Pale faces ["Blasser Gesichter"], (5) *Facies Dolorosa*, (6) Narcosis ["Narkose"], (7) Drowsiness and Unconsciousness ["Benommenheit und Bewußtlosigkeit"], (8) Emaciation ["Kachexie"], and (9) Sequential images from different stages of disease ["Bildfolgen aus verschiedenen Krankheitsstadien"]. Killian's arrangement and classification of the portraits is reflective of his difficulties in accommodating a rational medical framework and arriving at a mode of presentation that went beyond a diagnostic gaze that merely matched pathological signs with a disease. Whereas the images from groups one, two, and nine are indicative of Killian's endeavor to capture the psychologically remote effects of illness ["seelischen Fernwirkungen"], the other sub-groups correspond to a traditional typological-medical approach based on specific pathologies. Killian's difficulties might be explained by an inherent tension in contemporary physiognomic theories. Indeed, on the whole, *Facies Dolorosa* epitomizes this contradiction in the physiognomic discourse of the 1920s and 1930s in Germany: the conviction that individuality was severely threatened was accompanied by a sometimes hopeful, sometimes more resigned turn to typological thought. Physiognomics offered, on the one hand, a purely materialistic-categorizing method to establish a limited number of *ideal types* [Idealtypen] from the masses. Representative of this current within physiognomic thought are the racist anthropologies of the 1920s and 1930s, such as publications by Hans F.K. Günther ("Race Günther"), in which he correlates certain intellectual, spiritual, and cultural features with physical traits such as blue eyes, blond hair, the form of the skull, and the nose.¹³ On the other hand, authors such as Oswald Spengler (*The Decline of the West*), Rudolf Kassner, and Max Picard defined physiognomics as a complex technique for emphatically understanding the single, individual organism, thus transcending the kind of analogical thought that

establishes clear-cut relations between facial features and criminal or pathological dispositions, as well as between features and character or the so-called "race-soul." For authors representing this strand of physiognomic theory, physiognomics is a universal theory and practice of intuitive knowledge and instinctive understanding. Criticizing analytical rationality and prizing right-brained perception, Spengler, Picard, and Kassner alike glorify the irrational certitude of the soul and the creative imagination of the observer.¹⁴

Killian has this kind of fundamental mode of human intuition in mind when he maintains that the physician's effort to read the cause of an illness from the patient's face has existed as a kind of "natural endeavor" for thousands of years (7). The medical physiognomic gaze represents nothing other than that which every single person does to explore the thoughts and feelings of his fellow humans. "Im fremden Menschenantlitz lesen zu können" ["to be able to read in the other's human face"] (5) is not only part of our basic anthropological makeup but also an art based on individual disposition, a good sense of observation, constant training, and experience. Although Killian sets up a hierarchical difference between the lay observer and the diagnostician who bases his observations on scientific findings, his emphasis on the atmosphere at the sickbed brings him closer to a hylomorphic physiognomic view that strives for an immediate, intuitive vision (*Schauung*) of the whole human being. Killian takes a pronounced critical stance toward exact medical science and, in particular, against the artificial abstraction of distinct physiological events from the individual patient that can be generalized, thus placing himself in stark opposition to the anatomical-scientific avenue that German physiognomic discourse took from Carl Gustav Carus to the racial physiognomists. Emphasizing his critique of alienating medical practice, Killian postulates a renewed valuation of the patient and his or her unique destiny. Killian says, "The diagnosis made from lymph, blood, the hemodynamic factors, and the x-ray disconnect us from the experience of an individual destiny. Over time, the medical record with its initial meaning as document of a human history was frozen into a schematic collection of data and symptoms, into a legally and medically important document for pension lawsuits. And the index card accomplished a process of disenchantment against which we protest" (6). With his call for a return to a more intuitive medical approach after the groundbreaking successes of experimental medicine, Killian is not a lonely voice. On the contrary, "Back to Hippocrates" or "Back to Paracelsus" were widely heard catch phrases in the medical community, as Carl Fervers

points out in his work on pathological physiognomics, *Ausdruck des Kranken* [*On the Expression of the Sick Person*], published just one year after *Facies Dolorosa*. With his patient photographs, as we shall see below, Killian strove to convey an image of his own, a more holistic vision of his patients—not as a collection of data and symptoms, but as full human beings.

Killian not only sought a more immediate and comprehensive approach to recognizing the human through physiognomics, but in particular through the discourse on pain. By drawing on central cultural assumptions regarding pain, Killian's pained faces function as an emphatic affirmation of the distinctly human that he describes as the center of his medical ethics: Pain as philosophical-anthropological intensity *par excellence* supposedly provides a reference point of absolute certainty; pain opens up a dimension of depth and leads us to inquire into the limits of humans and the specifically human. Moreover, Killian's "Erinnerungsbilder" [visual mementoes] (7) of people in pain draw attention to individual features and defy precisely through pain the relentless flux of the insouciant and immature masses, the common bogeyman in cultural critiques from Jaspers to Spengler.

In this regard, it is worth noting that the title of Killian's photo book, *Facies Dolorosa*, is a medical term that is not exclusively reserved for faces that are contorted by pain, but rather designates a "facial expression of an unhappy person or one sick or in pain."¹⁵ Pain and illness, as well as mental states of unhappiness are subsumed under this term, bearing strong similarity, in fact, to Killian's selection of images, several of whose subjects' faces do not suggest pain but sickness or, at times, even peacefulness. For instance, the photo of an old man (See figure 3) who calmly faces the camera while sucking on an empty pipe conveys a rather content and untroubled impression, far from connoting pain. The book's German subtitle, however, "Das schmerzreiche Antlitz" shifts the emphasis clearly to pain. As a medical term, *Facies Dolorosa* integrates both illness and pain. To the reading lay public, however, the title may have evoked religious overtones of ennobling, elevating pain as in *mater dolorosa*, [the sorrowful mother], a reading that Killian, who aspired to restore dignity to his patients, might well have intended. Settling for a title that connoted pain could have also been a simple editorial consideration. *The sick face* [*Das kranke Gesicht*] is obviously less appealing, even if this is exactly what we see in many of Killian's pictures. Be that as it may, Killian's foreword leads us to believe that his interest in photographing the human face in pain was sparked by a wistful call for a return to a unifying, transcendental

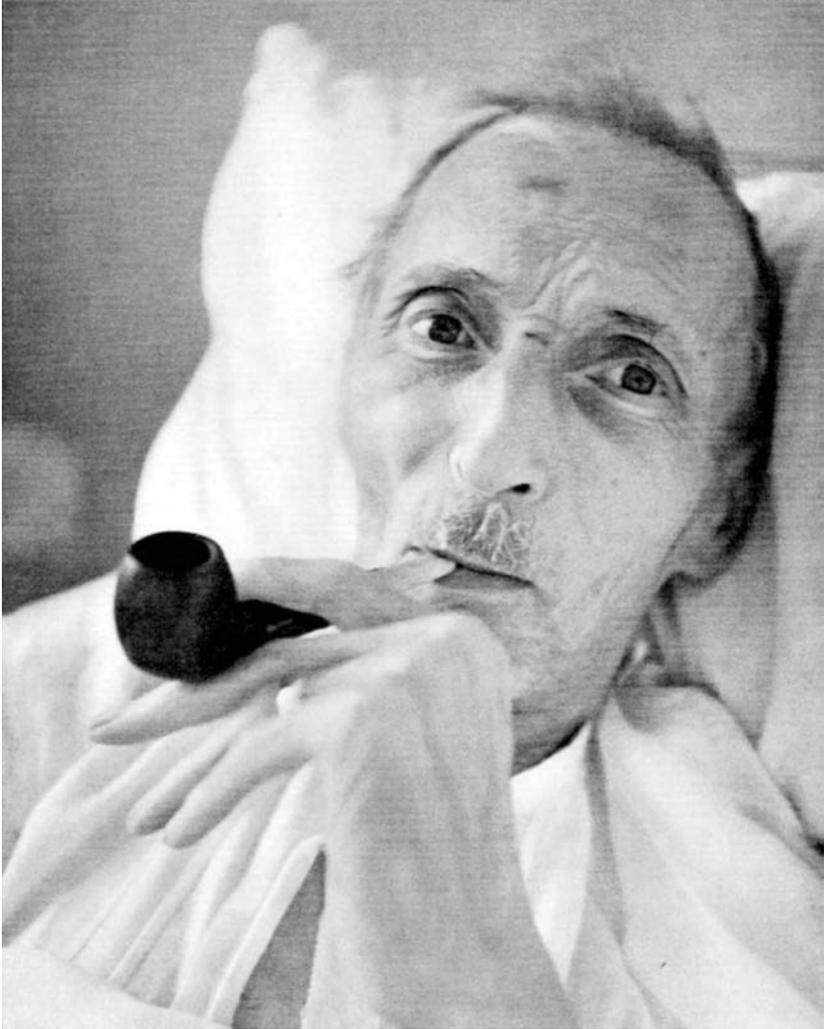


Figure 3. *Fracture of the Femoral Neck*

force and a desire for something nebulous, beyond human capacity to explain, which had been irretrievably lost, both in scientific medicine and in modern civilization as a whole.

In this quest, Killian was not alone, but rather appears a descendant of ongoing debates in German philosophy and literature after 1880 about the nature of pain and the perfectibility of human beings.¹⁶ Indeed, 1934, the year *Facies Dolorosa* was published, represents something of a peak in the renewed interest in pain in German scientific and philosophical literature. Killian's photographic enterprise is surrounded by numerous writings on pain.¹⁷ This rising appeal of the concept of pain can be explained by a decisive transformation in the consideration and perception of pain, which took center stage in the late nineteenth century. It is a matter of common knowledge that the nineteenth century saw a number of breakthroughs in understanding the mechanisms of pain as well as a proliferation of clinical disciplines, therapeutic innovations, and most importantly, efficient ways of medicating pain.¹⁸ To summarize and simplify this complex process, we could say that the availability of medical techniques making it possible to counter pain effectively went hand-in-hand with the decline of the Christian narrative of salvific suffering and resulted in fundamental changes in human relationships to pain. As a consequence, bodily pain was to less likely to be perceived as a relevant sign of human fragility in need of divine redemption than it had been in the past. The experience of pain moved from the religious sphere to the practical sphere: pain came to be regarded as an annoying disruption that could be successfully managed. In a like manner, pain started to shed its pathos as a sign of humanity anchored in a shared community of sufferers (*Leidensgemeinschaft*). Being in pain was increasingly perceived as an isolated rather than a communal experience. The human mind appeared increasingly to be the sole dominator of pain, and people became less dependent on religion as the prime ideology to deal with it.¹⁹ This sentiment is clearly expressed by proponents of victorious medicine around 1850, including Berlin-based surgeon J.F. Dieffenbach, among the first Germans to operate with anesthesia, who wrote in 1847: "The beautiful dream that we are liberated from pain has become true. Pain, this highest consciousness of our earthly existence, this most distinct sensation of our bodies' imperfection, had to yield to the power of the human mind and to the power of the ether fumes. Where will and can this great discovery lead us?"²⁰

This reconfiguration of pain motivated a complex set of reactions in German philosophy and literature during the late nineteenth century.

In many instances, pain was functionalized as the battle cry for different kinds of cultural critiques. For Nietzsche especially, but also for Gottfried Benn, Ernst Jünger,²¹ and other thinkers who can be related to *Lebensphilosophie*, enduring pain became a central locus of potential renewal for a culture deemed decadent and shaken by functionalism, relativism, and arbitrariness. In other instances, such as in the literature of German decadence, the epistemological relevance of pain (the evidence of one's bodily nature which one feels while being in pain, i.e. the anthropological basis of pain's conceptual relevance) was redirected toward the pressing issues concerning the integrity of the individual subject. Pain as the highest intensity of sensation was used time and again to declare the veracity and reality of the individual registering subject. Pain, even if undesirable and unwanted, could be put in the service of the subject for an ethics of the self.²² Also significant is the affirmation of pain in philosophical and literary discourse of the late nineteenth and early twentieth centuries as an essential metaphor in the critique of natural science. The weapon of pain as an enigmatic and resistive entity was wielded against the falsely optimistic bourgeois worldview, and in particular, against the bourgeois belief in universal progress and in the rightful triumph of the healthy norm, as defined by a narrow practice of the natural sciences. Affirming pain—in the insistence on the indispensability of pain as a disciplinary instrument, in the exploration of pain as the core of a decadent sensibility, or in the invocation of pain as an overpowering fate breaking into well-ordered civilization—is directly related to the rejection of progressive ideology and to the advocacy of a return to myth.²³

Synecdochally, the invocation of pain as an irrational, mythical force takes the place of an immanent source of a fuller life. The trope of pain, evoked as the source of a fuller life, shares distinct features with the semantics of *experience*, *reality*, *action*,²⁴ or related signifiers of intensity—terms that gained currency during the period in question because they satisfied some sort of deeply-felt modern need in a cultural-intellectual climate of collapsing codes and vanishing grounds for ethical norms and cognitive certainties. This loss of a stable cognitive or moral ground in a cultural situation of generalized uncertainty triggered a "series of conceptual and epistemological substitutions."²⁵ Undoubtedly, pain belongs to this set of "conceptual substitutions" which express the loss of something grander or mark the emptied-out position of a value that could not be relativized. Pain assumes a particularly prominent position among these substitutions because it is more closely tied up with contemporary medical and physiological

discourses as well as with the concurrent change in people's attitudes toward it. Moreover, pain has often been employed to gesture toward precisely that which exceeds concepts and even language itself. The trope of pain's unspeakability, inexpressibility, or unshareability,²⁶ doubtless contributed to the appropriation of pain as a marker for the ineffable quality of lost transcendence. In addition, in the late nineteenth and early twentieth centuries, pain functioned as a universal variable in discourses of cultural critique. Emphatically and polemically, pain was turned against the bourgeois religion of comfort and the vainglorious sense of human mastery that certain philosophers believed was impoverishing life in both spiritual and aesthetic senses. Killian stands in this tradition of thought when he takes up the trope of pain for his critique of science and of an increasingly de-individualizing medical practice.

On the one hand, his endeavor is driven by an epistemological ambition to unveil a truly human essence that reveals itself in his patients' pained faces. On the other, by bringing together photographs of demographically varied patients in pain, Killian makes a strong case for once again anchoring pain in a *Leidensgemeinschaft* [community of suffering]. The notion of *Leidensgemeinschaft* both in religion and in existentialist philosophies generally involves the idea that the meaning of bodily pain lies precisely in the possibility that the experience of pain may instill in the sufferer a sense of existential brokenness that she shares with all humanity. Only as a sign of shared human exposure to vulnerability and hence as a mark of deep connectedness does the experience of pain become a meaningful one.²⁷ It is, however, questionable, and was indeed debated, as we shall see in another section, whether Killian's photographs (and more broadly, photographs of suffering humans in general) can create a sense of identification on the part of the viewer with a community of sufferers or whether they merely incite voyeurism and/or a sense of dismissal.

On Photography: Pain, Mood, and Aura

The naïve view of photography, a view that Killian seemed to share, holds that photography provides privileged access to truth and to things-as-they-really-are. In contrast to drawings or paintings, the camera is thought capable of capturing authenticity.²⁸ Killian held that the artist in the medium of drawing could only succeed in expressing organic transformations, while neglecting the finer emotional differences (15). Killian thus understood photography as a revelatory technology

that had the power to unveil an otherwise hidden reality, a sentiment that brings him close to Walter Benjamin's idea of the "optical unconscious"²⁹ and leads him to assert that his project was far superior to the endeavors of his forerunners' in the field of medical physiognomics, such as Karl Heinrich Baumgärtner's *Kranken-Physiognomik* [*Physiognomics of the Sick Person*] from 1839, which included seventy-two colored lithographs. Killian's photographic interest lay less in documenting visible pathological alterations than in recording the atmosphere and the subtle psychic transformations ["feinen seelischen Wandlungen"] (7) at the sickbed. He was convinced that photographic technology made it possible to capture shades of reality that generally escape the human eye, shades best expressed by the term "Stimmung." This untranslatable German word contains a combination of the semantics of subjectivity (mood), spatiality, objective-collective, and contagious dimensions (as in musical tuning or an emotionally-charged atmosphere). *Stimmung* also possesses a relation to the unconscious that typically eludes representation.³⁰ It is important to see that pain as an amplification of the unique humanitas that Killian strove to make visible and photography as the adequate technology to grasp and conserve *Stimmung* go hand in hand. Killian's trust in photography to reveal is equal to his trust in the revelatory aspects and the sudden understanding that could be achieved by looking at people in pain. His epistemological claims with regard to pain and his epistemological-aesthetic claims with regard to photography overlap here.

In his carefully arranged collection, the images are printed next to each other, on facing pages, thereby entering into a formal dialogue with one another. At times, the faces in the images are directed toward each other; at other times, they are turned away from each other, or they are looking in the same direction, appearing as a double oval form with the heads tilted at the same angle. In some of Killian's patients, we see a series of two or three photographs that document changes for the worse. The photographs are always at the same height on the page so that the eyes—which are central in Killian's photography—are level. In many medical textbooks from the era, it was commonplace to mask the eyes with a black block and thus hide the identity of patients typographically. Killian's patients are here exposed or—depending on one's standpoint—redeemed from their identity-less status in medical texts. Yet, the majority (twenty-four out of forty) of the photographed patients do not look directly into the camera's lens.

Killian emphasizes that his photographs were neither artificially contrived nor taken with "specific devices" (7). His only tools were a

Rolleiflex camera without a tripod, natural light, Superpan film, and a yellow disc. Photography appears congenial to Killian's task of reconquering the "Gebiet des einfachen Schauens" [the territory of simple looking] (7)—a utopian space where alienating modernist conditions could be overcome by the intuitive grasp of the whole. Contributing to Killian's pathos of authenticity is his slightly troubling remark that many patients had a weak will, suffered from depression, and were consequently limited in their ability to react. Hence, it was easier to photograph these more "uninfluenced" individuals as compared to healthy individuals—"weswegen sich viele unserer Kranken leichter und unbeeinflusster photographieren ließen als gesunde Menschen" (15). Some of his patients seem to be more aware of the camera, returning its gaze in a cooperative, imploring, defiant, or startlingly indifferent way. Others are half-conscious, and their eyes are turned away from the camera, as in "*Laocoon's Face*": *Abscesses of the liver after mesenterial thrombosis by old appendicitis* (See figure 4). In his accompanying remarks, Killian appreciatively describes the young man's face as "ausgesprochenes Laokoonantlitz" [with a pronounced Laocoon's countenance] (20). This language is revealing. Comparing his patient to one of the most renowned instances in the Western iconography of suffering is at odds with his professed observer stance and with Killian's pledge of authenticity. Like any photographer, Killian inevitably stages and frames his patients in support of his motif. If he did not ask them to assume a specific posture or to expose certain body parts and leave others covered, the photographs themselves leave no doubt that Killian was careful to position his camera to catch the images he wanted to preserve. Not unlike Charcot's hysteric subjects, some of Killian's patients might have gladly participated in his photographic project, possibly wishing to leave a trace of themselves in the face of their imminent death or feeling a dignified elevation in contributing to the corpus of human knowledge (See figure 5). Other images make one wonder whether Killian's patients willingly agreed to being photographed.³¹ The woman in the photograph *Struma maligna with congestion* (See figure 6) is set up in such a way as to expose her gruesomely swollen throat to the camera's lens. With her pained eyes lifted to the heavens, it is possible to see in her pose an emulation of some baroque Maria at the cross or a frightened patient for whom having her picture taken represents an additional ordeal.

Artistic ambition figures centrally in Killian's photographic enterprise. In the foreword, he admits to being driven by a strong impulse to interrupt the unaesthetic means of medical imagery and to match the



Figure 4. *“Laocoon’s Face”*: Abscesses of the liver after Mesenterial Thrombosis by Old Appendicitis



Figure 5. *Stomach Cancer: Profound Emaciation*



Figure 6. *Struma Maligna (Cancer of the Thyroid Gland) with Congestion*

artistic quality of etchings and drawings of earlier eras.³² Yet neither photography nor pain—on their own or combined—are enough to create these atmospheric images. When Killian discloses his tools and the conditions under which he worked (Rolleiflex without tripod, natural light, in hospital surroundings, etc.), he adds: “Everything else, however, cannot be learned.”³³ Only an artist at heart, he implies, drawing on a common Romantic topos, has the courage and intuitive grasp to take these pictures. *Multiple osteomyelitis with highly cachectic state* (See figure 7) does not return the gaze of the camera. The photograph of a thoroughly emaciated girl is the only full body image in a volume purportedly focusing on countenances. The girl, whose eyes are cast down and her chest covered, is otherwise stripped naked to expose her skeletal, sharp limbs, effectively contrasting with the soft white landscape of the bed and the bed’s curtains. A comparable composition is visible in the photograph *Male child in Advanced Cachectic State* (See figure 8). Again, it seems that Killian is not solely interested in picturing the peculiar *Stimmung* or *humanitas* at the dying boy’s bedside, but also in capturing his attractively chiseled facial features and the pattern of his protruding ribs, so typical of this advanced stage of cancer. It is likely that those who argue for clear-cut distinctions between ethical, medical, and aesthetic dimensions are misguided, and that making such distinctions means committing oneself to a pious chimera.³⁴ Killian argues for a necessary blurring of the distinctions in his defense in the 1967 third edition of *Facies Dolorosa*, in which he sharply rejects the critique that he shot his photographs primarily to produce artistic impressions: “One should never expect from these pictures at the sickbed a mere illustration of a text, but also a visual effect of their own . . . The photos were taken exclusively to advance knowledge of the sick person and of medical physiognomics, thereby pointing to the significance of that which is imponderable [“das Unwägbarere”] in medicine and as an urgent exhortation to the younger doctors.”³⁵ Killian underscores that only “the artistic way” [“der künstlerische Weg”] can evoke that which is imponderable in medicine.

The last three photographs in *Facies Dolorosa* show the physical wasting of a cheerful young actor with inoperable rectal cancer. The young man is one of the few patients about whom Killian shares biographical details in the notes on the photographs. The last image of the actor, titled *Ante Finem* might well be the most unsettling photograph and figures as the consciously placed climax of the collection (See figure 9). Killian remarks: “The last, terrifying, and gripping image of the young man whose life is being involuntarily extinguished

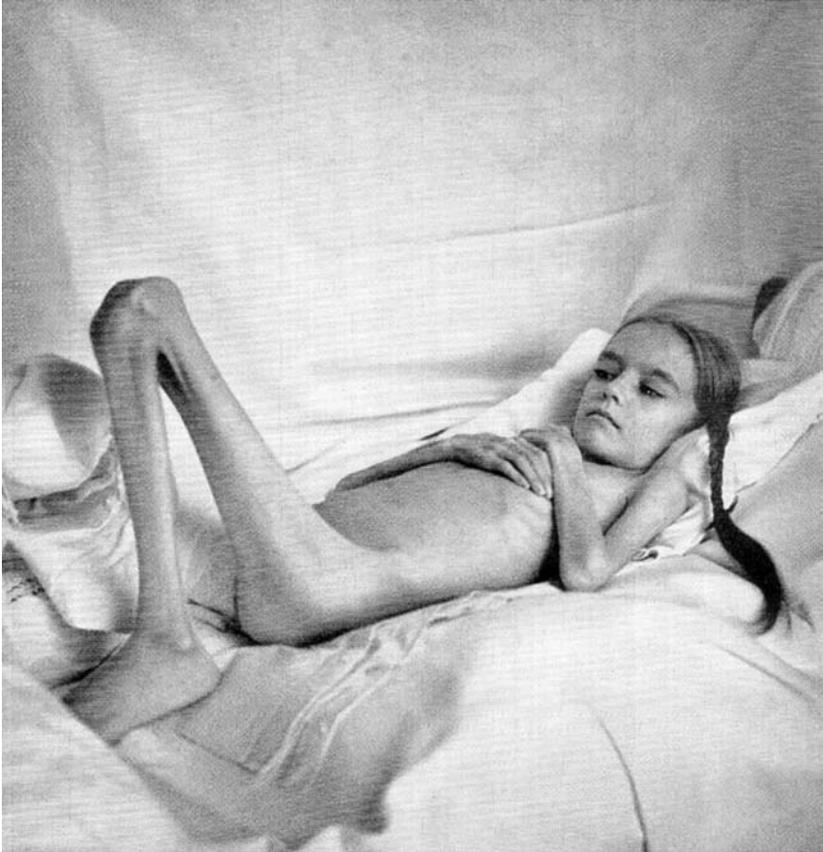


Figure 7. *Multiple osteomyelitis with highly cachectic state*



Figure 8. *Male child in Advanced Cachectic State*



Figure 9. *Ante Finem: Before the End*

recalls the realistic representations of our old German masters." Artists such as Hans Holbein with his early sixteenth century Basel painting *The Body of the Dead Christ in the Tomb*—legend has it that a corpse of an unknown Jewish man that he fished from the river served as his model—had the courage to paint such images, convinced that "no artist had the right to withdraw from the exigency of representing life and death as they are."³⁶ Framing his medical portraits with these kinds of reflections, Killian deliberately casts himself as the undaunted artist when he decides to photographically document and reproduce the young man's last days of agony. Yet, as if to de-focus the obvious aesthetic angle of the previous observation, he hastens to add a spiritual afterthought which, not coincidentally, hinges once again on *Stimmung*: "Despite his ugly emaciation and other disfiguring symptoms, there lies in his features something conciliatory ["versöhnende Stimmung"], as if embodying the passing of all earthly suffering . . ." (24).

By placing his trust in photography as a technique that is principally on a par with and even superior to other mimetic practices, such as portrait painting, Killian is obviously out of joint with his contemporaries' thoughts on photography, including Siegfried Kracauer and Walter Benjamin's views, voiced just a few years earlier, in their respective studies on photography. In his essay "Photography," Kracauer is adamant in his repudiation of the claim that photographs offer a truthful image of a person, which would involve creating a meaningful history. Similar to Benjamin, Kracauer grants an auratic quality to the daguerreotype in the age of its discovery and to early photography, which both Benjamin and Kracauer consider genuine works of art.³⁷ Modern photography after 1880, however, had instigated a process by which photographs merely encapsulated a specific moment in time, a moment that Kracauer calls "one second in the spatial continuum," which the rush of life would otherwise have immediately closed off or made forgotten.³⁸ Ultimately, this kind of photography annihilates the person as a meaningful narrative, since a person is composed of numerous "memory images" which bear no relation to the reproducible images: "A shudder runs through the viewer of old photographs. For they make visible not the knowledge of the original but the spatial configuration of a moment; what appears in the photograph is not the person but the sum of what can be subtracted from him or her."³⁹ For Kracauer, what photographic images fail to represent are "the transparent aspects" of the object or subject, dimensions that transcend the spatio-temporal continuum that photography records. Drawing on his opening example of the picture of the "demonic diva," Kracauer

claims that her “demonicity” is not an inherent quality of the picture, but rather belongs to the still-vacillating memory image of the diva, which breaks through and into the photograph, lending it a tinge of transcendence.

Whereas Kracauer claims that photography obliterates and even destroys what is worth remembering about a person—the transparent aspects, his or her uniqueness—Killian purports the exact opposite. Emphatically calling his patient photographs “Erinnerungsbilder menschlicher Schicksale” [visual mementoes of human destinies], Killian emphasizes his belief that photography is at least equivalent to painting or other modes of artistic representation, encapsulating the transcendent quality of *Stimmung*. Indeed, Killian’s images do seem to transcend the mere spatial-temporal figuration of the moment and to hold something beyond that ephemeral and insignificant moment. Regarding one of Killian’s photographs, for instance *Stomach Cancer. Profound Emaciation* (See figure 5) puts Kracauer’s categorical dismissal of photographs as being incapable of creating a meaningful narrative of the portrayed person into question. Or would it be more adequate to say that the cultural notions we connect with pain—like the diva’s demonicity—break through and into these photographs and lend them transparency?

In his “Little History of Photography,” Walter Benjamin claims that in early portrait photography as opposed to painted portraits, there is the remainder of an authentic human presence, that is, a mysterious quality that is not subsumed under the art or craft of the photographer. This quality causes the viewer to wonder about the specific identities of the photographed people: “Immerse yourself in such a picture long enough and you will realize to what extent opposites touch, here too: the most precise technology can give its products a magical value, such as a painted picture can never again have for us.”⁴⁰ This passage comprises a version of Benjamin’s notion of “aura.” Though Benjamin later elaborated on the idea of aura, in this early formulation, occasioned by his contemplation of David Octavius Hill’s picture, *Newhaven Fishwife*, he describes aura as an indexical pointer or even as a human remainder of a life that is no more. It is clear that Benjamin’s notion of aura (“a magical value”) oscillates between the distinctly human and the distinctly aesthetic, an irresolvable and at times problematic tension that we also see at work in Killian’s photographs. *Stimmung* at the sickbed represents precisely such a “magical value” produced by technology.

We need to differentiate here between Killian’s pictures of mood and “Kunstphotographie” [artistic photography] that flourished be-

tween 1900 and 1930. “Kunstphotographie” was primarily about the mood that pictures expressed, elicited by blurring, vanishing contours, an artificial penumbral tone, gradation of colors or content-related elements in the picture such as a hazy day, drizzle, etc.⁴¹ These are the arts of retouching which Benjamin criticized as the simulation or artificial production of aura.⁴² In contrast to his previous photo book of butterflies, *Farfalla*, Killian does not work with these tools in *Facies Dolorosa*, but relies on the suffering countenance to produce the auratic effect. More than seven decades after the publication of the photographs, the nameless faces in *Facies Dolorosa* are indeed haunting. Even if these pictures are not classed within the body of early portrait photography that Benjamin thought of when he wrote about the auratic quality in “the fleeting expression of the human face,”⁴³ there is an “aura” in the patients’ countenances in the sense of a remainder of a human presence; and this remainder seems even amplified by the fact that the photographs represent suffering, an expressive marker of the human condition. For Benjamin, the aura comprises dimensions of distance, duration, and singularity. Photography, and in particular the photography of the bourgeois masses, who coveted seeing pictures of their own faces, replaces these dimensions with closeness, transience, and reproducibility.⁴⁴ Contemplating the countenances in *Facies Dolorosa*, it is hard to deny that Killian is on the scent of aura. Killian’s images of patients at the brink of death enduring irreproducible pain compellingly simulate duration and singularity.

On Medical Ethics and the Face

At the outset, I touched upon the peculiar tension that is prevalent in *Facies Dolorosa* between Killian’s commitment to scientific medical standards and his equally significant endeavor to foreground “the imponderable”—the human destiny beyond medically quantifiable data. The closing words of Killian’s preface epitomize this conflict. Within the same sentence he describes his portraits with high pathos as “visual mementos of human destinies” [“Erinnerungsbilder menschlicher Schicksale”], but also in a rather objectifying vein as “impressive and gripping teaching material” [“ein eindrucksvolles und wirklich packendes Demonstrationsmaterial”]. This indecisive rhetoric is partly explained by his choosing to present his photographs within a physiognomic-typological framework, in which the single case refers to a clinical picture that abstracts from the individual destiny, serving as confirmation

or illustration of a particular illness. In the actual presentation of the photographs, "human destinies" are then reduced to medical cases. The photographs' captions are merely the long, protracted medical terms of pathological conditions. Operating within the medical-categorizing structure warps Killian's humanistic claim of reaffirming a patient's individuality. He must necessarily fall back on classifications that exclude anything that remains of the individual and the individual patient's experience of his or her illness. Yet, it was precisely this reductive standardization inherent in scientific categories of the patients' respective illnesses that Killian saw as a threat to humanistic values in modern medicine and intended to combat with his book.

This conflict can be productively related to Emmanuel Levinas's ethical philosophy, not least, since Killian and Levinas intersect in their appraisal of the face as essential to ethics. Levinas differentiates between two fundamentally distinct ways of seeing/meeting the other via the face: classifying vision and an access to the face/other—for Levinas treats them as the same—which is straightaway ethical, evolving from the other's face but receiving the other in an unquantifiable *modus*. Whereas vision strives toward objectification and equivalents, seeking to categorize that which is seen into recognizable patterns and to place it into the grid of knowledge, the ethical relation to a face transports the viewer beyond pre-established contexts and significations. It is in this sense that Levinas can claim that the best way to meet someone would be not even to notice the color of his or her eyes.⁴⁵ The face has a meaning to itself beyond all other contextual and relational definitions: "You are you. In this sense, one could say that the face is not 'seen.' It is that which cannot become a content that your thinking could embrace; it is limitless and cannot be contained, leading you beyond."⁴⁶ Killian's notion of the "imponderable" [das Unwägbar] which he hoped to make visible, comes close to Levinas's description of the unsystematizable, uncontainable impression given by the face of the other [l'incontenable].

However, Killian wants to have it both ways. His preface is thoroughly torn between seeing, with all its typological implications and an "ethical relation" similar to the one set out by Levinas. From one sentence to the next, Killian's prose oscillates between praise for the intuitive gaze and allegiance to medically trained vision, between necessary classification and the non-systematizable destiny. Lamenting that the immensely successful direction of medicine has robbed the medical profession of its "ethical riches," Killian's project makes a strong case for the face as the gateway for establishing an ethi-

cal relation with the patient. Claiming that medical technology and the development of pharmacological, bacteriological, and serological knowledge eradicated the transparency and direct readability of what is given in the patient's face, Killian holds that the true physician will distinguish himself from the mass of craftsmen ["vom Gros der Handwerker"] by taking a greater interest in the patient's destiny. The rise of a purely biomedical model of illness, which has increasingly failed to meet patients' (and also doctors') need for empathy, provides the backdrop for Killian's musings. He implies that the physician with a true vocation must return to the intuitive gaze to re-establish the interrupted communication, severed by the progressive alienation of healing and faith. Just as the phenomenological experience of pain may transport a sensation of unity for the sufferer by merging the singular data and symptoms of his body into one *Leib*, for Killian, looking into the patient's suffering face brings back an element of the unified whole person, which goes beyond the disparate medical data. His description of the holistically inclined physician echoes the physician's role in the "interpretive model," in which the physician conceives of the patient's life as a narrative whole, and from this whole determines the patient's values and priorities, which will then be reflected in the treatment.⁴⁷ Killian's vindication for "schicksalsnahe Krankenbeobachtung" [observation of the patient with attention to his/her destiny] evinces strong parallels with approaches advocated by his contemporaries, such as the *Medicine of the Person* by the Geneva-based physician Paul Tournier. Tournier described the doctor-patient relationship as being of prime importance for the therapeutic outcome, and in his treatment, he gave equal attention to spiritual meanings as well as to scientific and psychological perspectives.⁴⁸ With its emphasis on the patients' destinies and dignity as unique human beings, *Facies Dolorosa* is also a predecessor to debates about integrative healing and the humanization of healthcare in medical ethics since the 1970s.⁴⁹ Nevertheless, in his dealings with the patients Killian still seems to follow a priestly-paternalistic model⁵⁰ that is undoubtedly characterized by warmth and empathy, but does not entail a relationship in which patients are treated as autonomous individuals with the right to control their treatment. I would argue that Killian fares much better in representing his humane medical ethics for an interested public in the literary genre than through his photographs, that is, in his highly successful books from the 1950s and 1960s, in which he describes medical cases with great empathy.⁵¹

Besides humanizing the hospital, Killian also brings the hospital home to the coffee table. Combining his claims in the preface, Killian's *Facies Dolorosa* was also driven by the wish to make ordinary suffering observable to everyone and to reconnect the sphere of the sick and dying with the sphere of the living. In this view, Killian's photographs function as an antidote to the widespread denial of suffering and death, providing ersatz experience for something that had been lost through the hygienization of illness and death.⁵² As I argued above, being in pain once possessed a pathos that resulted from an awareness of the human condition, uniting us in and through our suffering, with our neighbor and with the entire human race. As an isolated phenomenon, pain proves to be ultimately meaningless. Only through the sufferer's recognition that s/he is sharing humanity's destiny, does pain become significant.⁵³

A perusal of contemporary reactions to *Facies Dolorosa* provides some insight as to how Killian's photographs were perceived with regard to questions of medical ethics. It is a fascinating sideline whose pursuit lies beyond the scope of this article that Killian later sought to distance himself from his National-Socialist past by means of his pictures. In the preface for the revised 1967 third edition of *Facies Dolorosa*, Killian claims that his volume met not only with "understanding and admiration due to its ethical and artistic content," but also with rejection. "Certain Nazi doctors," thus Killian, himself a high-ranking Nazi doctor back then, "did everything to disavow and even outlaw the work" (9).⁵⁴ Regrettably, he does not divulge the reasons for the other Nazi doctors' rejection of *Facies Dolorosa*. So far, I have found no heated Nazi debates in my research on the reception of the volume. Rather, a survey of German language reviews on *Facies Dolorosa* in 1934 and 1935 shows predominantly positive reactions. The vast majority of reviewing doctor-colleagues accepted Killian's humanist rhetoric and appreciatively highlighted the volume's beautiful layout, the highly artistic photographs, Killian's emphasis on human destiny, and his critique of segmenting medicine and modern disenchantment. Some reviewers seemed so moved by the photographs that they burst into almost lyrical eulogies: "Time and again, one wants to open the book and delve into the staggeringly fateful features oftentimes sublimated by their suffering."⁵⁵ Another reviewer declares: "Whoever immerses himself into these human countenances, enters the innermost core of a sacred zone. Silent suffering's nameless depth speaks here without words in the many figures With truly great art, a surgeon with his camera has captured these staggering testimonies of human des-

tinies.”⁵⁶ Some reviewers voiced skepticism over the medical merit of these pictures, but the patient photographs themselves did not raise any questions among reviewers.

However one chooses to read Killian’s artistic ambition to transcend medical categorization and to produce artistically valuable mementos, *Facies Dolorosa* provides fascinating insight as to how, in 1934, highlighting pain could function convincingly in contemporary rhetoric to reaffirm experience and the individual by resisting modernist mechanization, massification, and fragmentation. Emphasizing pain as anthropological intensity and a state of concentration *par excellence* proved immensely powerful in making the case for a return to lost unity and human destiny. The reviews of *Facies Dolorosa* almost universally confirm that this message was readily accepted.

The only substantial critique of Killian’s uneasy stance between humanist rhetoric, artistic endeavor, and medical ambition comes from the Swiss conservative cultural critic Max Picard, a converted Jew and former doctor himself, who sought to affirm the idea of humanity in the mass era by means of a renewed quest for God. Generally, Picard took a critical stance against photography, echoing some of the crude early criticisms that held that man is made in the image of God and that God’s image could not be captured by a machine, which Benjamin mocked in his essay on the history of photography.⁵⁷ In his review from September 1934, titled “The Limits of Photography,” Picard criticized *Facies Dolorosa* on four points: Killian’s professed interest in “Stimmung,” the medical value of the photographs, the artistic value of the photographs, and the limits of photography. Picard thought it unnecessary to capture “Stimmung” at the sickbed, since mood is only ever noticed at the expense of the subject itself. Nothing other than the sick person him or herself should be important: “Never would we think of ‘Stimmung’ while sitting at the bedside of a beloved person,” (18) Picard claimed. Finding fault with the short introductory text that appeared to him like mere accessory matter to the photographs, Picard held that pictures of the sick belonged in a medical textbook with elaborate descriptions of the illness’s course to make them medically relevant. For Picard, *Facies Dolorosa* ran the risk of being read as a sensationalist picture book, just like those of famous sportsmen or celebrities: “One skims though these sick faces, turning them away from oneself instead of toward oneself.” [Man blättert die kranken Gesichter von sich weg, statt zu sich hin] Moreover, Picard refutes Killian’s claim of producing artistic medical images by means of photography. The human eye, says Picard, does not simply

take a photograph of a face like the camera. On the contrary, seeing is reciprocal, bringing the other human face first into existence: "A human face actualizes itself first through the gaze of another human face . . . it gains ontological substance . . . therefore it is a difference if a face is looked at by a lens, in which there is nothing, or by a human eye, in which there is the whole world and which therefore can give the whole world."⁵⁸ Picard concluded his article on a strong moral note. Anticipating Susan Sontag's critique, he argued that "One can photograph the faces of sick people, but the man who does so, must know that the human action does not finish there . . . the human action does only begin now."

For Picard, the German discourse of physiognomy of the 1920s and 1930s was the telltale sign of modern fragmentation. In his books *Das Menschengesicht*, 1929 [*The Human Face*] and *Die Grenzen der Physiognomik*, 1937 [*The Limits of Physiognomics*], he criticized "inhuman physiognomy" which merely took the human face as analyzable material for typologies instead of "lovingly recognizing" it.⁵⁹ Killian, on the contrary, embarked on his physiognomic project of photographing people in pain in order to counter modern fragmentation of both the individual and society. We can see here again the characteristic contradiction in German physiognomic discourse discussed above.

The Ends of Suffering: Voyeurism and the Contextualization of Suffering

Although Killian declared that his photo book represented in the first place a scientific collection of medically relevant photographs which would reinforce the human idea in modern medicine, his photographs cause us to ponder persistent problems in ethics concerning the portrayal of suffering. One of the complexities, and maybe the most important one, raised is whether pain can be shown without instrumentalizing the represented suffering for some aim, humanist, aesthetic, or other, and thereby objectifying those whose pain is pictured. Even if Killian professed to strive for the opposite—restoring dignity to his patients, seeing them as full human beings—the effect of the images might be to the contrary because the viewer of the photographs was free to look at the scene, liberally deciding on the context of his present observation, independent of the actual context in which the photo was taken. As we have seen, critics of photography pointed out that no inter-subjective moment obtains between the photographed and the

observer, a fact which becomes even more important when looking at images of suffering, as Picard pointed out when he compared *Facies Dolorosa* to contemporary photo books that were primarily read for entertainment. Killian's photographs thus plunge us into the question of voyeurism for two reasons. First, central to the question of voyeurism, the patients he photographed were neither actors nor did they simulate their tribulations.⁶⁰ And secondly, by photographing his patients, Killian potentially increased their status as objects of study instead of as human beings in need of medical help and human compassion, a point underlined by Picard.

Another difficulty emerges in Killian's paradoxical claim to undertake a primarily scientific project that was intrinsically ethical by restoring patients' individuality to them in an age of faceless medicine. Yet there is a beauty to the photographs. The reflected light on the skin of the faces, the full gaze, and the grain of the elegant black and white prints render them inevitably aesthetic. Killian defended himself against this unavoidable glide from science and morals to aesthetics when he affirmed that his photographs were taken without specific devices and were not artificially contrived. This self-justification, however, can be turned against the photographer himself, who seemed to shrug off responsibility as an artist, but did not contest the artistic nature of his photographs. Making suffering aesthetic by photographically freezing an image and then rationalizing this act (either, as in Killian, with a mixture of scientific and ethical rhetoric, or as in photojournalism, with the commitment to inform everyone of the world's suffering) constitutes a significant ethical blunder. Ultimately, Killian's work confirms that representations of suffering must be embedded in unambiguous and adequate contexts to make them acceptable.

One recent case in point for this observation is the outrage caused by the conceptual artist Adel Abdessemed's visual depictions of animal cruelty in his 2008 exhibition "Don't trust me." After massive protests from Animal Rights Activists, the San Francisco Art Institute was eventually forced to close the show. The bone of contention was a video in which animals were killed with a single sledgehammer blow. Abdessemed did not provide a clear subtext (for instance, a pro-animal text) that would have contained the drift of the images' meanings.⁶¹ For contemporary sensibilities, it seems, representations of suffering cannot afford to be ambiguous. Images of suffering or atrocity which are open to multiple significations will inevitably be attacked. Killian was aware of this danger, damming the inherently ambivalent dimensions as well as the aesthetic potential of his patient

photographs with both scientific and humanistic contexts, which as I hope to have shown did not always add up.

NOTES

1. During the 1928 Congress of the American Society of Anesthesiologists, Killian representing Germany, received an award for his developments in the field of anesthesia. Also in 1928, Killian established the first German journals of anesthesiology, *Der Schmerz* and *Narkose und Anaesthetie*, together with his colleague C.G. Gauss from the University of Würzburg. The year 1934 saw the publication of Killian's influential medical standard work on surgical anesthesia, *Narkose zu operativen Zwecken*. Killian was also instrumental in advocating for the professionalization of German anesthesiology which was treated as a sub-discipline of surgery, lacking proper professional training, standards of qualification, and a professional body. See Killian, "Denkschrift über das Deutsche Narkosewesen."

2. A literal English translation lies somewhere between "The Face Racked by Pain" and "The Face Rich in Pain," a linguistic ambivalence that corresponds with pain's ambivalent cultural status. All translations of Killian are mine.

3. K. Longus [Hans Killian], *Farfalla*.

4. Killian, *Facies Delorosa*, 7; hereafter cited in the text. Page numbers associated with all other references will appear in the notes section.

5. Physicians were among those most strongly attracted to the Nationalist Socialist movement. They joined the party earlier and in greater numbers than other professional groups. According to Proctor's "Nazi Biomedical Policies," by 1942, more than 38,000 physicians, almost half of all doctors in Germany had joined the NSDAP. According to his own curriculum vitae from 1941, probably written in preparation for the application of surgical advisor, Killian joined the SA and the *Stahlhelm* in 1933, and became a member of the Nazi party shortly after. (See Killian's *Lebenslauf* [Curriculum Vita].)

6. Behrendt, 20, 25.

7. Killian, *Im Schatten der Siege*, 78.

8. A selection: *Hinter uns steht nur der Herrgott* [Behind us is only God]; *Solange das Herz schlägt* [As Long as the Heart Keeps Beating]; *Im Schatten der Siege* [In the Shadows of Victories]; *Auf Leben und Tod* [Matters of Life and Death]; *Im Kampf gegen den Schmerz: Mein Abenteuer mit der Narkose* [Struggle Against Pain: My Adventure with Anesthesia].

9. Schmölders and Gilman, *Gesichter der Weimarer Republik*, 7.

10. Lethen, *Verhaltenslehren der Kälte*, 10.

11. Blankenburg, "Der Seele auf den Leib gerückt," 281.

12. Jaspers, 88.

13. See, for instance, Günther, *Rasse und Stil, Der nordische Gedanke unter den Deutschen*, and *Deutsche Köpfe nordischer Rasse*.

14. Grey, *About Face*, 180 ff.

15. MediLexicon.

16. See Primavera-Lévy, "On the Use and Abuse of Pain." The following deliberations are based on my dissertation research.

17. Ernst Jünger's influential essay "On Pain" ["Über den Schmerz"] was published in 1934. Calling for an integrated approach toward the problem of pain, the distinguished surgeon Ferdinand Sauerbruch, together with Hans Wenke, wrote and published *Wesen und Bedeutung des Schmerzes* [Essence and Significance of Pain] in 1938. Other representative titles are Alfred Hoche's *Vom Sinn des Schmerzes*, 1936 [The Meaning of Pain], Carl Fervers's *Schmerzbetäubung und seelische Schonung*, 1940

[*Anesthesia and Mental Protection*], and Buytendijk's *Über den Schmerz* [*On Pain*]. Within the dominant rhetoric of National-Socialist "revolutionary renovation" and its strong emphasis on the necessarily "heroic" attitude toward pain (and life in general), it is interesting to look at these works at the border of medicine, anthropology, and philosophy and their ways of providing answers to the problem of pain that reach beyond heroic endurance.

18. Rey, *The History of Pain*, 17, 102.

19. See Primavera-Lévy.

20. Dieffenbach, *Der Aether gegen den Schmerz*, 1. My translation. In German: "Der schöne Traum, daß der Schmerz von uns genommen, ist zur Wirklichkeit geworden. Der Schmerz, dies höchste Bewußtwerden unserer irdischen Existenz, diese deutlichste Empfindung der Unvollkommenheit unseres Körpers, hat sich beugen müssen vor der Macht des menschlichen Geistes, vor der Macht des Aetherdunstes. Wohin wird, oder wohin kann diese große Entdeckung noch führen?"

21. See, for example, Jünger's *Der Arbeiter. Herrschaft und Gestalt*, 1st ed., (1932) and Benn, "Das moderne Ich."

22. List, *Schmerz*, 243.

23. Bolz, 7–11. What I mean by *return to myth* are the manifold forms of the quasi-religious phenomenon of anti-modernism; that is, the drive toward the reduction of complexity in the face of increasing scientific, cultural, and societal differentiation.

24. In *The Dear Purchase*, Stern determines the concept of reality or "Wirklichkeit" as central "placeholder" in German Modernism.

25. Gumbrecht, *In 1926*, 445.

26. Scarry, *The Body in Pain*, 4.

27. Buytendijk, 152.

28. Stiegler, *Bilder der Photographie*, 155.

29. Benjamin, "Little History of Photography," 512.

30. Wellbery, "Stimmung," 712.

31. It is impossible to know whether Killian received permission from his patients to photograph them and to reproduce their images to view for doctors and lay public alike. An inquiry posed to the Georg Thieme Verlag, a publishing house, has produced no definite answers. It was impossible to locate the contract between Killian and Thieme in the publishing house's archives. Yet, it is important to point out that regardless of how striking Killian's cavalier ethical attitude toward photographing his patients might appear to contemporary sensibilities, patient rights simply did not exist as an ethical category in Germany in the 1930s.

32. Killian, 7. "Endlich diente als Antrieb der Wunsch, die seit Jahrzehnten übliche, uns angewöhnte unästhetische Art medizinischer Bildnerie zu unterbrechen und möglichst mit modernen Mitteln an die künstlerisch so wertvollen, herrlichen Kupferstiche und Zeichnungen vergangener Zeiten Anschluß zu finden."

33. Killian, "Das übrige allerdings kann man nicht lernen," 7.

34. See *On Photography*, Sontag's critique of humanist photography in which she contrasts beauty and truth. There, Sontag argues that photography, due to its formal features, inexorably beautifies. Humanism is exposed as photographic ideology. Sontag claims: "Contrary to what is suggested by the humanist claims made for photography, the camera's ability to transform reality into something beautiful derives from its relative weakness as a means of conveying truth."

35. Killian, *Facies Dolorosa*, 56. In German: "Man verlange von solchen Bildern am Krankenbette niemals nur die Illustration des Textes, sondern eine Bildwirkung an sich . . . Es ist indessen ein Irrtum zu glauben, daß die Bilder in meinem Werk 'Facies dolorosa' in der Hauptsache um des künstlerischen Eindruckes willen entstanden sind, wie behauptet wurde. Sie dienen ausschließlich der Kenntnis vom kranken Menschen, der ärztlichen Physiognomik unter Hinweis auf die Bedeutung des Unwägbaren in der Medizin, als dringende Mahnung an die Jünger."

36. Killian, *Facies Dolorosa*, 24. "Diese Männer haben noch den Mut zu dertartigen Darstellungen gehabt in der Überzeugung, es dürfe sich kein Künstler den Forderungen entziehen, das Leben so wahrhaftig wiederzugeben, wie es eben ist."

37. Benjamin, "Little History of Photography" Both Kracauer and Benjamin see a history of decline in the development of photography that runs parallel with the decline of the bourgeoisie, a history of lost innocence vis-à-vis the possibilities of mechanical reproduction, and the rise of commodification. The daguerreotype and the very early photographs that were executed by professional photographers (mostly former artists) still captured the full person with a meaning that transcended the mere spatio-temporal moment: "The first people to be reproduced entered the visual space of photography with their innocence intact—or rather, without inscription . . . The human countenance had a silence about it in which the gaze rested" (512). Moreover, as Benjamin points out in "A Little History of Photography," early daguerreotypes were unique specimens, hidden in cloth pockets, favoring the isolated contemplation of the possessor. In short, everything in the early days of photography was designed to encapsulate duration and singularity ["Dauer" and "Einmaligkeit"], indispensable prerequisites of aura—an aura that evaporated shortly after. Benjamin is quite explicit that the aura is not only the effect of the photographic medium, but was also already present in the photographed subjects, i.e., in the members of the rising bourgeoisie "equipped with an aura that had seeped into the very folds of the man's frock coat or floppy cravat. For this aura was by no means the mere product of a primitive camera. Rather, in this early period subject and technique were as exactly congruent as they became incongruent in the period of decline that immediately followed" (517).

38. Kracauer, *The Mass Ornament*, 56.

39. *Ibid.*, 57.

40. Benjamin, "Little History of Photography," 510.

41. Starl, *Bildbestimmung*, 44.

42. Benjamin, "Little History of Photography," 517.

43. See Benjamin in the second version of "The Work of Art in the Age of Mechanical Reproduction," reproduced in the anthology of texts *Illuminations*: "In photography, exhibition value begins to displace cult value all along the line. But cult value does not give way without resistance. It retires into an ultimate retrenchment: the human countenance. It is no accident that the portrait was the focal point of early photography. The cult of remembrance of loved ones, absent or dead, offers a last refuge for the cult value of the picture. For the last time the aura emanates from the early photographs in the fleeting expression of a human face" (Benjamin 1968, 227–28).

44. Benjamin, "Little History of Photography," 517.

45. Levinas, *Éthique et Infini*, 79.

46. *Ibid.*, 81. My translation. In French: "Toi, c'est toi. En ce sens, on peut dire que le visage n'est pas 'vu'. Il est ce qui ne peut devenir un contenu, que votre pensée embrasserait; il est l'incontenable, il vous mène au-delà."

47. Levinas, 69.

48. Fulford, "Introduction: At the Heart of Healing," 19.

49. Zembaty, "Physicians' Obligations and Patients' Rights," 45. Howard, "Humanizing Healthcare," 12.

50. I base this observation mostly on Killian's books *Hinter uns steht nur der Herrgott* and *Im Schatten der Siege*, both of which bespeak a paternalistic physician-patient relationship, in which the patient is granted limited autonomy and basically has to assent to what the physician authoritatively discerns as the patient's best interest.

51. See *Hinter uns steht nur der Herrgott* [Behind us is only God], *Solange das Herz schlägt* [As long as the heart keeps beating], and *Im Schatten der Siege* [In the Shadows of Victories].

52. Labisch, "Doctors, Workers and the Scientific Cosmology of the Industrial World," 601.
53. Buytendijk, 170.
54. In German: "Als 1934 mein Buch 'F.D.' erschien, stieß es nicht nur auf Verständnis, Zustimmung und des ethischen wie künstlerischen Gehaltes wegen auf Bewunderung, sondern teilweise auch auf Ablehnung. Gewisse NS-Ärzte versuchten mit allen Mitteln das Werk zu desavouieren und sogar verbieten zu lassen."
55. Maresch, "Facies Dolorosa," 843. My translations. In German: "Immer wieder möchte man es aufschlagen und sich in die erschütternd schicksalsschweren, vielfach durch das Leiden veredelten Gesichtszüge vertiefen."
56. Haerberlin, "Facies Dolorosa," 689. "Wer sich in diese menschlichen Antlitze vertieft, der betritt das Innerste eines geweihten Bezirks. Die namenlose Tiefe schweigenden Leides spricht hier wortlos in vielen Gestalten. . . . Mit wahrhaft großer Kunst hat ein Chirurg mit seiner Kamera diese erschütternden Zeugnisse menschlichen Schicksals festgehalten."
57. Benjamin, "Little History of Photography," 508.
58. My translation. In German: "Ein Menschengesicht verwirklicht sich überhaupt erst durch den Blick eines anderen Menschengesichts . . . es nimmt zu an wesenhafter Substanz . . . Also ist es ein Unterschied, ob ein Gesicht von einer Linse angeschaut wird, in der nichts ist . . . oder von einem Menschenauge, in dem die ganze Welt ist und das darum die ganze Welt geben kann."
59. Picard, *Menschengesicht*, 17.
60. For the photographs in his work of medical physiognomics *Ausdruck des Kranken*, Carl Fervers worked indeed with actors who first imagined pain and then were shock-treated with real pain.
61. Mintcheva.

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