

Dr Tulp and the Theatre of Zoom – an autopsy of time and presence

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In June 2020, during the first UK Covid-19 Lockdown, Dr Annja Neumann (director), Dr Carina Westling (artistic producer) and Wendy Bevan-Mogg (writer) were invited by Cambridge Digital Humanities (CDH) to create a contemporary response to Rembrandt's painting *The Anatomy Lesson of Dr Nicolaes Tulp*, as a way of exploring the process of creating live performances remotely. Their response resulted in a short, original piece of Zoom theatre that was performed sixteen times for audiences of four at a time on 16 and 17 July, 2020, with a remote workshop and panel discussion hosted by CDH in the evening of 16 June, attended by c. 40 people.¹

The process of writing, casting, rehearsing and staging the play threw up a range of challenges, from technical and artistic to ethical and social. We created the piece at a very particular moment, as all of us were living through the beginning of a global pandemic and the confluence of a number of social justice issues. The peculiar stillness of our daily lives was notable, while the screens that formed our windows on the world broadcast continual and almost unfathomable death tolls due to the global Covid pandemic. At the same time, the same screens mediated the brutality of George Floyd's final moments and the rage in its wake, and the bruised and tired faces of frontline healthcare workers, facing down the immediate risks we were sheltering from in our homes.

¹ A link to a recording of the performance can be found here: https://www.youtube.com/watch?v=e-OD0_nu09c&t=7s and a copy of the script can be obtained from the authors.

This was a strange time. Looming pandemic death had already flattened expectations around mortality and the ‘breaking in’ of death,² paradoxically, at once flattened and emphasised socio-economic hierarchies. While a virus does not discriminate between rich and poor and policies designed to limit the spread of the pandemic were applied to all, it was already clear that some demographics were more exposed, not least those who could not work remotely, including health care workers. The eruption of BLM (Black Lives Matter) protests, screened in tandem with images of exhausted health care workers with faces bruised from long shifts with multiple layers of PPE (Personal Protective Equipment), seemed ominous at the time, although later data have shown that any elevation of transmission risks from the outdoor protests were largely mitigated by the reduction of transmission risk from the contingent closures of restaurants, shops and bars.³ A direct comparison between US datasets of cities where protests took place and their local Covid-19 infection rates show a statistically significant, but small increase in infection rates.⁴ A study of self-reported data on pandemic lifestyle changes in the United Kingdom, disaggregated by sex, ethnicity and age, reported better sleep patterns and more fresh food across different income levels and demographics, with the exception of ethnic minority groups and middle-aged women, who saw reductions in both.⁵ A tentative interpretation of such data, taken together with the focus in popular media and fashion, including haute couture, on home comforts, suggests that the domestic domain replaced the public sphere as the prime region of interest for a class analysis. Those of us lucky enough to now be working from home were grappling with articulating this new,

² Assy, B. & Hoffman, F. F. (2020) Memento Mori: Covid-19 and the Political Imaginary of Death. *Law, Culture and the Humanities*. Issue 1-18.

³ Dave, D. M., Friedson, A. I., Matsuzawa, K., Sabia, J. J., & Safford, S. (2020). Black lives matter protests and risk avoidance: The case of civil unrest during a pandemic (No. w27408). *National Bureau of Economic Research*.

⁴ Neyman, G., & Dalsey, W. (2021). Black Lives Matter protests and COVID-19 cases: relationship in two databases. *Journal of Public Health*, 43(2), 225-227.

⁵ Bann, D., Villadsen, A., Maddock, J., Hughes, A., Ploubidis, G. B., Silverwood, R., & Patalay, P. (2021). Changes in the behavioural determinants of health during the COVID-19 pandemic: gender, socioeconomic and ethnic inequalities in five British cohort studies. *J Epidemiol Community Health*, 75(12), 1136-1142.

mediated social space and remodeling the way we worked and the sudden dependency on technologies that we had been using in an off-hand manner for years. The new complexity of the domestic sphere, contrasted with images of global trauma on our screens, pointed towards difficult questions around how we relate not only to dying, but also to living.

It was against this backdrop that we were asked to collaborate on an interpretation of Rembrandt's famous painting. Nearly 400 years after the creation of *The Anatomy Lesson of Dr Nicolaes Tulp*, it still resonates, provoking questions around death and embodiment, spectatorship and agency. Our audiences would be in their homes, in this hybrid sphere of privacy, family life and work, quietly politicised by socio-economic differences, accessible to us only via the windows they chose to offer us. Questions around embodiment, so fundamental to those about death, would necessarily have to be addressed via a platform that mediated it, and then quite poorly and under restrictive circumstances that limited agency to designed affordances. Spectatorship was more readily available to us as a register and we would need to address death, embodiment and agency using it as a lever. Here, Rembrandt's painting, and the Zoom meme of it that placed the spectators in 'the gods', the top row in speaker view, came to steer our artistic choices. We discussed frames and their relationship to play and the sublime,⁶ via Rancière's analysis of Lyotard and Schiller,⁷ which takes in dissolution and deferral in an aesthetic argument that, under the circumstances, allowed us to (hopefully) grapple with these big questions within the given parameters.

In this piece, we will discuss some of the challenges and opportunities that making this piece afforded us. While we will briefly cover some of the technical challenges inherent to the

⁶ Westling, C. (2020) *Immersion and Participation in Punchdrunk's Theatrical Worlds*. London: Bloomsbury Methuen Drama.

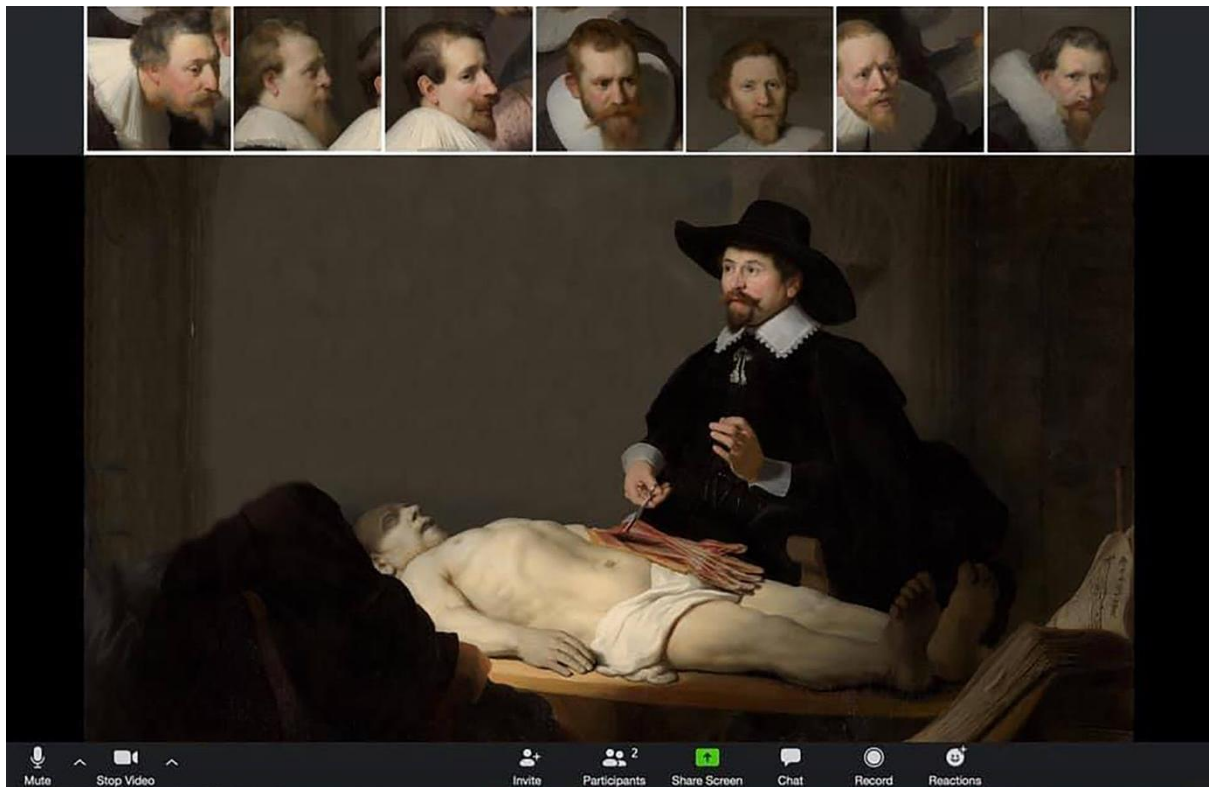
⁷ Rancière, J. (2004) The Sublime From Lyotard to Schiller. *Radical Philosophy*. 126:8-15 (2004).

process, our focus, to fit with the focus of this issue, will be on the representation of death in our production and how this was mediated by the screen of our personal computers. We will ask how a meditation on this painting in a time of great contemporary trauma can throw light on our own relationship with death, how the format encouraged us to consider the nature of the embodied performance, how it felt to create a piece of work when physically distanced both from actor and audience, and whether it was possible to create a contemporary Memento Mori in such unusual circumstances.⁸

The project

Three months into the UK's first national lockdown, memes about Zoom meetings were filling up our inboxes and the first professionally produced Zoom productions were beginning to be broadcast. Just as it was becoming clear that, due to Covid restrictions, no live performances or typical shoots would be taking place for some time, drama practitioners were beginning to ask whether it was possible to use new technologies to create a theatrical experience even when participants were unable to physically meet. The BBC broadcast the first episode of *Staged* on 10th June, and performance companies across the world were trying to work out how to bring their work to an audience when nobody could leave their homes. As practitioners, we were watching from the side-lines as these questions were first raised; then we were asked to participate.

⁸ It should be noted, of course, that when we speak about ourselves - the 'we / our' in this submission - we are aware that our experience of the events of June 2020 was personal, unique to our own circumstances and very privileged. To be afforded this opportunity to create a piece of work whilst still having a job and not having to homeschool children, recover from or nurse others through illness or deal with any of the other issues means that we were incredibly fortunate and we do not assume that because this was our experience that either our audience then or our readers now had a similar experience during the summer of 2020.



*Figure 1: The Anatomy Lesson of Dr Nicolaes Tulp is on Zoom now, created by Andrea Kastner & Colin Lyons (2020) based on *The Anatomy Lesson of Dr Nicolaes Tulp* by Rembrandt, 1632*

The call from Cambridge Digital Humanities to create a response to Rembrandt's painting began as a technical challenge – and in some ways as a response to a comedic meme treatment of the painting (see figure 1), which placed the physicians attending Dr Tulp's autopsy in the top row of a Zoom window, reacting to the autopsy and Dr Nicolaes Tulp in speaker view. However, the project quickly took on a much greater significance for us as a creative team. The subject matter itself was difficult, had huge contemporary resonance – and the circumstances also meant that we were being challenged to create a performance over a medium that we (personally and as a society) were only just becoming used to as a relatively crude tool for conducting remote meetings.

Having agreed to take the project on, the first decision we had to make was where and when to set our production. We had already decided to keep Dr Tulp as our central character – the question now was whether our piece should be contemporary to the painting or to the audience. The historical moment in which the production was commissioned was pressing. The UK population was getting used to life under Covid 19 restrictions. Citizens were still required to stay at home; all but essential travel was prohibited. The first wave of the pandemic was coming to an end, and the population was still coming to terms with the impact of the disease. The national media were reporting on potential treatments, the strain on the NHS, the progression of Covid-19 from infection to hospitalisation. The first vaccines were still months away. More and more evidence pointed to the fact that the greatest risk came from air borne particles - but mask-wearing was still not yet mandatory. The UK population had been hit hard, and the death rate was high. Other deaths also dominated the news. On May 25th 2020 George Floyd was murdered in Minnesota by a police officer who knelt on his neck until he could no longer breathe. His death was met by outrage and protest, both across the United States and internationally. Reports of flawed investigations into the exact cause of George Floyd's death detailed the need for two, separate autopsies. At the same time, in the UK, an ongoing public enquiry into the events leading to the tragedy of the Grenfell Tower Fire was bringing the stories about the people who died there, and of their final moments in the burning tower block, to public attention.

Given the focus of the time in which we were working, we decided very quickly not to pull against the contemporary but to focus upon it. Thinking about Dr Tulp and his anatomy lesson in June 2020 meant thinking about those recent events, those autopsies, those bodies and the people they belonged to. For us as a team, it felt as if death, though reported so often

on the news, was somehow nearer to us *as a society* than it had been for a very long time. It did not feel possible to think about Tulp without these individually shocking and collectively sobering contemporary references coming to mind.

The means and the method

The first draft of the script was completed over one afternoon with the writer deciding that the best response to the subject matter was to directly tackle these contemporary references and to situate the piece in 2020. (Furthermore, the medium we were using – Zoom conferencing - also suggested that the piece should use a modern frame of reference. Attempting to create a piece whose content was contemporary to the painting, made in 1632, while visibly using modern technology would have been tonally difficult - big ruffs and ye olde language on Zoom anyone?). A present-day setting was an obvious choice – what was less obvious was how to create a piece that would reflect on the current situation, could resonate with an audience, and all within the parameters of a computer screen. We were acutely aware that the script would need additional devising, and that we would need to invite the cast as co-producers. Our casting choices were guided by inviting actors that could do some justice to the contemporary diversity of the UK population and collaborate on devising the script to reflect the complexity of the historical moment.

A long discussion about the nature of embodiment led to the idea that we could swap the character's position in time and space by changing their 'setting' in story terms rather than by changing how they appeared in a zoom call. Given how little it was going to be possible to achieve physically, we had to lean heavily on what was possible to achieve within the dialogue. It was our intention from the start to discomfort the audience, and while we had

very little scope for our actors to apparently change location etc, we were sure that we could ask the audience to do this work for them. With this in mind, we included shifts of time and space within the piece, allowing the central character of our anatomist to change identity without signposting this. We required that our audiences should catch up, that they should infer /understand location and subject matter from what was being said.

(It will be interesting to see whether this piece works as intended now that we are nearly a year away from the events it references. If viewed by someone whose knowledge of those events is more limited, this piece may have a very different impact.)

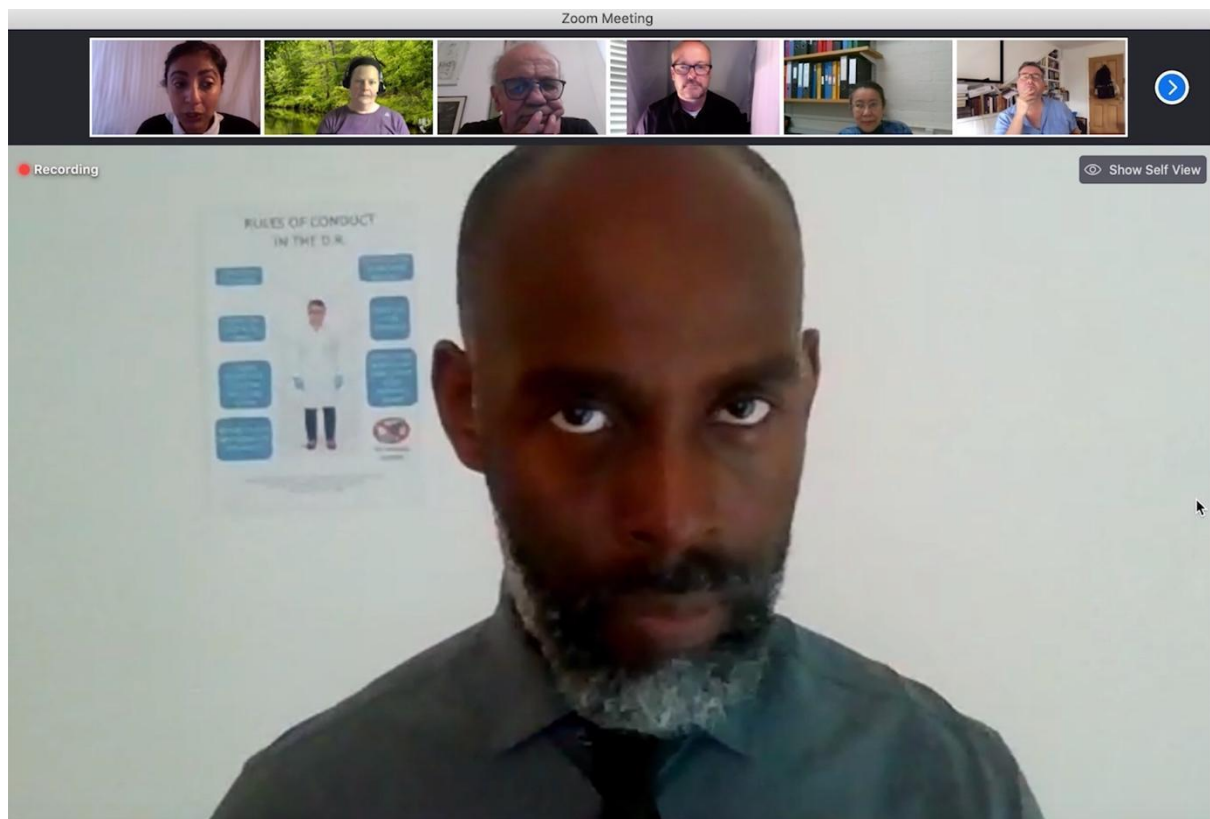


Figure 2: Screenshot from *Dr Tulp and the Theatre of Zoom* (2020) with Martin Edwards as Dr Tulp, Reynah Rita Oppal (1st from left) and Paul Panting (4th from left), sharing the top

row with four audience members. This screenshot demonstrates the performers' physical limits as imposed by the medium.

In order to encourage the audience to think in terms of 'shifts,' we underlined these through sound design. This was subtle, and the audience might not have been expressly aware of it, but our Sound Designer Gary Hayton provided different room tones for each 'shift', so that the atmosphere and the sonic space of each room was different. A busy street, American sirens, a ticking institutional wall clock, a stuffy room – each change of atmosphere signalled to the audience, perhaps subconsciously, that something about the atmosphere had changed. We could not change the actor's costumes, but we could change their body language (and for one character, their accent), and they could edit their displayed name on Zoom as they shifted between different characters.

These subtle signals invited our audience to participate in the event by accepting these shifts – rather than encouraging vocal or other participation in the event. While we considered this as an option, we felt that in a 12-minute piece there was not enough time for the audience to participate effectively – we had a strict time limit and needed to design a tight performance. A further rationale for limiting interactivity to framing the audience as spectators at Dr Tulp's autopsy, along with the two actors in the top row of the Zoom window, was that the medium is comparatively resistant to the immediacy experienced during live theatre. To differentiate their role as theatrical audience on Zoom from that of conference, meeting, lecture or webinar audience/participant – which we knew was established to many at that point in time – we weighted their framing within the piece more towards that of a traditional theatre audience than an experimental audience. Participation was therefore limited to the work that we

required of them in understanding the changing location – a participation by connection and, to some extent, the rituals of theatre. This was expressed in the different steps audiences needed to take in order to access the performance, much like there are steps to take before arriving in a physical theatre, including ‘moving’ between a lobby of sorts (our ‘waiting room’, where our audiences were inducted in Health and Safety) and the main auditorium, and in the tacit expectation that audiences would assume a comparatively passive, yet alert role in the performance.

It is perhaps useful at this point to note that our audience was not ‘general’ in the sense that this piece was not widely advertised to the general public. This project was viewed mainly by medical professionals, academics and patrons of the Cambridge Digital Humanities. This reflected the circumstances both of the speed at which the piece was put together and marketed, and the way in which the size of the audience was restricted by using a fixed, Zoom gallery which showed each audience member and participant rather than allowing an unlimited number of guests. This decision was integral to the performance – two of the characters were designed to represent attendees of each of the zoom calls that Dr Tulp is depicted as experiencing. The audience also included medical professionals amongst whom were two who had lent their expertise to fact checking the script.

Having a particular rather than a general audience meant that we felt we could be brave with the form and also that we did not need to provide any warnings about the content of the material. Certainly, there were no minors in attendance, and the advertising included an image of the original painting which itself gives a good idea of the he matter-of-fact description of the body after death. We preferred not to explain what the viewer might experience, and took the decision to allow the audience to encounter the piece directly.

Embodiment

One of the most obvious difficulties in making a piece in lockdown was the fact that neither the creative team, the actors nor the audience would ever be in the same room. Thoughts of read-throughs and rehearsals (which are words that, even a year into lockdown, still conjure images of people sitting together in the same space), had to be abandoned to the reality of making everything on Zoom. We would not be able to meet each other at all during this process, but we would have to audition, rehearse and perform separately from one another. The only stage of this process for which such solo working was previously usual is the writing stage – every other part of the theatrical rehearsal process is usually a physically collaborative affair. With Dr Tulp, we dealt with the reality of trying to create a new piece on a new medium, without meeting, and we had only 6 weeks before the digital curtain came up.

The lack of physical presence in this process raised multiple challenges. From a practical perspective, not having a dedicated space in which to meet, not having those 5 minutes of hanging-up-coat-time, coffee-making-time etc. meant that we had less opportunity to get to know each other as people and as performers. Making a piece with someone you can't naturally chat to, is strange. We all missed the natural flow of energy that occurs during the performance / rehearsal process. We missed not being able to shake hands. There is a trust that is built when practitioners meet a piece of work is rehearsed. What was quickly noticeable, as will be familiar to anyone who has participated in a Zoom call, is that there is a different energy both sent out and received when we are speaking to our laptops and not to each other in the room. (It took a while before this was discovered in performance – a version of this energy was made manifest, however and whatever it was.)

In terms of a performance this practical aspect also meant that we were limited to the range of movement that the Zoom camera can capture. Our script used three actors – one playing Dr Tulp, who would remain in the main screen for the entirety of the performance and two other performers who would play multiple roles, but who would only ever appear at the same size as the audience, in small boxes at the side of the screen. For them, there was almost no room for movement, little room for body language, and limited opportunity even for subtle expression. Getting a balance of body language that could be seen but that was not pantomime was crucial, and the use of the voice became very important. For the actor playing Dr Tulp, while he had slightly more scope in terms of subtlety of expression (as he was in ‘close up’ most of the time) he still had limited movement. In order to give him as much room to work as possible he employed a stand-up position, with his laptop on a stand in front of him. This gave him more movement than a seated performance, but still meant that he had literally only a few feet of space in which to move.

The ‘disembodied’ manner in which we were forced by circumstances to work together, and which we knew would also be the only mode in which we would be able to address our audiences, impacted the content of the piece. Autopsies *are* embodiment, as is death. It is perhaps the most universally shared moment in which a person is reduced almost wholly to a body. Making this piece for Zoom meant that we could not even *show* a body; even the suggestion of one positioned too many concerns, aesthetic as well as ethical and practical. Had this piece been made for TV it might have been easier – but the circumstances meant that there were no props, just three separate actors in three separate rooms. Everything had to be implied. A body could not be shown on the screen, if for no other reason that we could not enlist an actor to share the space with our Dr Tulp. We knew that any kind of simulation

would be off-tone, and we worked with a painting so iconic that a too-literal interpretation would be ham-fisted in the medium we were limited to. The body had to be ‘off’, there but not there – as we might sometimes feel when we are in a ‘meeting’ that in reality is just us, on our own, talking to a screen.

The lack of a body however meant that we could also invite the audience to use their own body as a vehicle with which to take part in the piece. We invited participation in the performance in several ways – from the introductory experience in which temperature was taken and health was checked (as per the contemporary Covid-19 guidelines), and inviting the audience to take off their masks ‘in’ a room full of strangers. We addressed the audience first as students, then as committee members, and referred to them as participants in a vaccine trial. Finally, we addressed the audience members individually and directly, as if it was their body that Tulp was dissecting. By changing the language to refer to ‘you’ and breaking a wall some way behind the fourth one, we invited the audience to imagine their own dead body on the slab.

In this sense the piece was intended as a Memento Mori – a reminder of the inevitability of our own death - in that we all inhabit a body which may also one day be looked at by others, in the fashion of the cadaver on Dr Tulp’s table. In addressing the audience as such, Tulp becomes not just a doctor, but a judge at the turnstile of life and death, inviting the audience to consider how they have lived their lives. The effect was intended to be discomfiting – taking the audience away from thinking about and looking at *other people’s bodies*, as our contemporary, news-driven media is apt to make us do, and thinking about their own, in a time when the survival of our own selves somehow feels more dependent than ever on the continuation of our own physicality.

To ensure accurate and ethical representation of medical processes, the development of the play was supported by clinical anatomist Cecilia Brassett (Medical Science, University of Cambridge) and critical care consultant Ari Ercole (Addenbrooke's Hospital, Cambridge). The writer met with Cecilia on Zoom – feeling terribly guilty for taking up any of her time when she had been working with Covid patients – and received notes from Ari Ercole. It was noticeable that, in these conversations, it was the facts of anatomy that were checked, but nothing else. There was no time to discuss the wider impact, either of the day-to-day experiences of the medic or indeed the general practice of attending or undertaking an autopsy; a subject ripe for ongoing discussion and further pieces of work. In this instance, the writer was aware of several instances close to her family where autopsies have been central – the role of one family member as a medical student on the one hand and the role of another who donated their body to science and who became the body on the slab. All this would have provided rich inspiration for a second interpretation of the painting; but one which did not speak so widely as the news-dominating autopsies chosen in this particular instance.

Instead, we concentrated on getting the facts right. The language used by Dr Tulp is the language used by medical professionals – indeed he chastises a medical student at the beginning of the script for using a common rather than a technical term.

DR TULP

Good. What's the pathological process
that gets us there?

MED STUDENT 1

The virus inflames the air sacs in
the lung.

Tulp shoots them a look. ‘Air sacs’ - we’re not at school...

What is presented is correct in terms of medical description. It was important to the writer that this should be the case – part of the creation of the character of Tulp is that he is an expert witness, and therefore his language and his learning had to be believably accurate not only to the lay members of the audience but also to any medics or other experts who were watching. The extreme brevity of preparation time for research and production meant that the level of research could not extend to the practice of the autopsies or committee meetings depicted. In any future iterations or renditions, we would address this for accuracy of representation, but also for its potential in the further development of the script.

The body and the gaze

The dual focus of Rembrandt’s painting is the body and the gaze. In the painting, the body is that of Aris Kindt, a convicted criminal whose body was taken from its place of execution in order to be examined by the anatomists. The body is lifeless, and the colour of life that animates the faces of Dr Nicolaes Tulp and his learned audience in the painting is absent; the cadaver is not just a representation of a dead body but also a cipher, an image that is abstracted so that its semiotic boundaries are rendered diffuse. As contemporary media consumers, we find ourselves in a familiar situation – while the average modern viewer may not see as many bodies in our everyday lives as a 17th century person might have (and certainly the spectacle of public execution no longer exists in the Europe), our media

presents us with images of bodies, both real and imaginary, on the screen every single day. Whether it be on the news or during a police procedural, we are familiar with the sight of the body on the slab and in many cases the sight signals the beginning of a story that is designed to entertain. The sight of a body is not unusual, but the reality of its absent life is all-too often abstracted by and through mediation.

However, it becomes interesting to consider the relationship between the viewer and the body. What, in Tulp's day, would the relationship have been between the viewer of the painting and the body that was depicted? What level of humanity might have been attributed to the body? Would it have been common knowledge to the viewer who the body had once belonged to, or even what had brought him to the slab? Who would have seen the painting – where would it have hung? How would this have changed the relationship between the viewer and the body? Did the viewer see themselves as participants in the picture, as is hinted by the direct gaze with which one of the other participants holds us? Or is that a gaze of judgement, for watching?

This gaze of judgement is familiar to any one of us who has witnessed the television news. At what point do we look away? Today, it is likely that an atrocity will be recorded by a passerby, and this either provides valuable evidence or acts as a damning indictment of a society that will watch but will – or can - not intervene. Again, events of the summer of 2020 spring to mind – the case of the sisters whose corpses were the subject of photographs shared by police officers in some grotesque 'joke' and, of course, the bravery of the young woman who recorded the murder of George Floyd. Space precludes an expansion of this idea, but it is notable how knowingly Rembrandt acknowledges the grim fascination of the viewer within *The Anatomy Lesson*. We are watching and we are watched as we watch. It is known that we

are looking on. Our interest in the death of another human being – be that benign or malignant – is reflected back to us.

Contemporary references also change the identity of the body in our painting. At the time this was written (late May 2021), the bodies of women in particular come to mind, as the results of the autopsy of Sarah Everard are made public. While Covid-19 has been particularly lethal in men, the lockdown of 2020-21 has been especially hard on women, with cases of domestic violence rising. While we remember George Floyd, we also remember Breonna Taylor.

In placing the viewer onto the slab themselves at the end of the piece we invite the audience to remember that they, too, are close to death. Our mediated society keeps us at a safe remove from harm on a day-to-day basis – what we see on the news only happens to ‘other people.’ While Covid-19 has kept us in our homes and away from others, we have experienced a peculiarly insular year. For many of us, contact with those outside of our household has been limited to the laptop screen. Though screen time is familiar, this year more than any other we have conducted our social lives via a screen. So while this performance also took place online, the decision to bring the audience into the picture was an attempt to erode this boundary. When Tulp addresses the audience, the intention is to provoke a reaction, a discomfort – a realisation that just as in the painting, we are seen to be watching. What’s more, we are reminded that Dr Tulp is not that far away, for any of us. The screen does not keep us safe. In this way, the format becomes surprisingly effective and direct. For a brief moment, the ‘them’ becomes ‘you’, and the solitary experience of watching a performance becomes participatory.

Curtain down

Our piece of work was quick and experimental. We learned much in making it, about format, space and the body in performance – and about the comfort afforded by a communal creative endeavor in a time of isolation. There are still lessons to be drawn out from the experience and it would be interesting to revisit this when in-person performances are allowed again. A theatrical event which could allow various interpretations of the painting and include this one on a screen could demonstrate the strangeness of this disconnected time. An up-to-the-minute re-write could consider the female body and the bodies of women who have been killed by men. The painting gives us the body of a convict, given by the state to the University that is pulling it apart for knowledge. Our troubled times give us too many deaths to dissect, and neither the weight of their embodiment nor the buoyance of the lives that once animated the bodies that make the count, are given equal consideration and compassion.

The making *Dr Tulp's Theatre of Zoom* left us with questions around our understanding of death and how it reflects on life. Expectations of control with regard to our death are a mirror of the political economy of life and our position within it.⁹ Global events such as the Covid-19 pandemic broke in with the levelling force that organisms or events outside of human control can exercise, even if levels of exposure and impacts on life quality were less equitable. The seemingly paradoxical convergence of instability and rigidity of frames on Zoom (and other video platforms) suggested framing as a device through which we could formulate a reminder of the fragility of our own corporeality. As our 'stage' and 'auditorium' shared this scenography, scenes in the play were shifted primarily with

⁹ Assy, B. & Hoffman, F. F. (2020) Memento Mori: Covid-19 and the Political Imaginary of Death. *Law, Culture and the Humanities*. Issue 1-18.

dialogue, aided by subtle sound design. Without visual cues, our audiences necessarily played catch-up, and in final scene breaks the fourth wall, shifting identity of the cadaver (the position of which was occluded by Dr Tulp's frame and had to be imagined) from the mediated deaths of previous screens to our own. At this point, Dr Tulp's address to the spectator, whose role had previously been configured as audience to an autopsy or inquest panel member, became an intimate, one-to-one reflection that collapsed the imagined image of the cadaver on the mortuary slab into the awareness of our own bodies, and the imprint of the situation on our embodiment: *Memento Mori*.