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Invisible witnesses: The cadaver in 17th century paintings

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Abstract

This study focuses on the artistic representation of cadaver dissections in the early modern period and aims to analyze the earliest visual projections of medical anatomy within visual culture. The works The Anatomy Lesson of Dr. Willem van der Meer (1617) by Michiel Jansz. van Mierevelt and The Anatomy Lesson of Dr. Sebastiaen Egbertszn (1619) by Thomas de Keyser are among the first known examples that document how postmortem dissections performed on the human body were represented both as part of medical education and as a reflection of social hierarchy. The paintings are comparatively examined from a medico-iconographic perspective based on the cadaver's supine positioning, the level of dissection (particularly the thoracoabdominal region), gaze directions of the figures, and gestural composition. In this context, dissection practice is revealed not only as a method of anatomical knowledge production, but also as a performative field of visual authority and scientific representation.

Keywords: Postmortem dissection; Anatomy lesson; Cadaver; Supine position; Thoracoabdominal region; Iconography.

Introduction

Postmortem dissection in early modern medicine was not merely a method for revealing anatomical structures, but also a discursive field where knowledge was visualized, publicized, and staged. Especially in the early 17th century in Europe, dissections performed on human cadavers became fundamental components of medical education; yet, through artistic representations, this practice attained both scientific and social layers of meaning. In this context, the cadaver functioned not only as an object of morphological analysis, but also as a surface where knowledge, authority, and collective identity were visually inscribed. Anatomical dissections conducted in theatres followed a specific anatomical sequence-beginning with the abdominal cavity, followed by the thoracic region and limbs-executed in accordance with scientific norms. These procedures were reflected in visual culture, most notably in the form of group portraiture. This study will comparatively analyze two paintings that are considered the earliest artistic representations of the dissection practice: The Anatomy Lesson of Dr. Willem van der Meer (1617) by Mierevelt (Figure 1) and The Anatomy Lesson of Dr. Sebastiaen Egbertszn (1619) by de Keyser (Figure 2). In both works, the cadaver is depicted in a supine position with the thoracoabdominal region opened; however, the internal organs are presented in an idealized manner. Alongside the educational dimension of dissection, its ritualized form and the representation of guild members' identities are also emphasized within the visual composition. These works, therefore, provide a basis for the visual analysis of scientific representation forms shaped through the cadaver in the early modern period.

Early dissection practices and anatomical theatres

In 17th-century Amsterdam, cadaver dissections were not only scientific procedures but also social representations. The Amsterdam Surgeons' Guild had mandated that dissections be carried out only during the winter months, due to the limited preservation techniques of the time and the rapid decompo-

Figure 1: Anatomy lecture of Dr. Willem van der Meer. Thomas Keyser, 1617, Museo Het Prinseh of, Países.

Figure 2: Anatomy lecture of Dr. Sebastiaen, Michiel Jansz en BajosEgbertszn. Thomas Keyser, 1619, Museo Nacional de Ámsterdam.

sition of organic matter in warmer seasons [1]. These dissections, while serving to transmit anatomical knowledge, were also instruments of institutional status building. Guild members were obligated to attend these lessons conducted under the guidance of physicians known as praelector anatomiae [1]. The theatres in which dissections took place were architecturally designed to support this function. For example, the anatomical theatre housed in Amsterdam's De Waag building consisted of eight concentric tiers of seating encircling a rotating table at the center where the cadaver was placed. Each tier was designated for a specific social hierarchy [1]. This structure clearly illustrates that dissection was not only a scientific act but also a public spectacle. The guild documented these rituals through art; the group portraits depicting dissection scenes aimed not only to represent anatomical instruction but also to visualize scientific authority [1]. From the 13th century onwards, cadaver dissections began to occupy a central place in scientific thinking across Europe, especially in university centers such as Bologna, Padua, and Leiden, where the practice became institutionalized. Dissectio corporis humani was not only a method for medical students to observe human anatomy firsthand but also transformed into a symbolic representation of knowledge authority. In this context, the cadaver came to represent not only the totality of organic structures but also the embodiment of knowledge on the human body.

Dissections in medical faculties and surgical guild institutions

Dissections carried out in medical faculties and institutions affiliated with surgical guilds were mostly conducted within anatomical theatres. These circular structures enabled multilayered stagings, where the cadaver occupied the center and observers from different social strata surrounded the dissection scene. The first permanent anatomical theatre, opened in Padua in 1584, reflects the scientific curiosity of the period while also indicating the ceremonial and educational dimensions that

dissection had acquired [2]. Dissection followed a specific order in anatomical theatres: beginning with the abdominal region, followed by the thoracic cavity, and finally the cranial structure. This sequence was determined based both on the rate of tissue decomposition and on traditional dissection practices [3]. Dissections were usually performed by lower-ranking surgeons (barber-surgeons), while professors of anatomy or chief physicians of the guild observed the process from above, delivering explanations and acting as conveyors of knowledge on stage. This performance-oriented structure captured the interest of artists, leading to the integration of dissection scenes into the tradition of group portraiture. Thus, the cadaver became not only a subject of anatomical inquiry but also a bearer of symbolic knowledge production, visual power, and ritualized embodiment. Artists such as Mierevelt and de Keyser were the first to depict this theme, interpreting the scenes not as realistic representations of medical procedures, but as visual declarations of institutional identity and social status. The physical layout of the anatomical theatre directly influenced these representational formats. The circular architecture, the centralized body, the surrounding gazes, and the silent witnesses facilitated the theatricality of dissection. The frontal placement of figures in these artworks reflects this visual dynamic. For this reason, cadaver representations are not merely informative documents, but visual stages where the body is transformed into knowledge, death is aestheticized, and science becomes a domain of authority.

Michiel Jansz. van Mierevelt–The Anatomy Lesson of Dr. Willem van der Meer (1617)

Painted in Delft at the beginning of the 17th century, this work is considered the first group portrait in Western Europe to depict a dissection scene. The painter, Michiel Jansz. van Mierevelt, produced the painting upon commission from the surgeons' guild. In the composition, a male cadaver in the supine position is emphasized through central lighting, making it the focal point of the image. The thoracic and abdominal regions of the cadaver are opened; however, the internal organs are depicted in an idealized manner, lacking anatomical detail [4]. The surgical act itself is not portrayed in the scene; Dr. Willem van der Meer is shown in a recognizable, authoritative position at the head of the cadaver. Yet, he holds no surgical tool, such as a scalpel or anatomical instrument. This suggests that the painting serves less as a medical document and more as a representation of guild affiliation and social identity [2]. All figures in the painting are arranged frontally and face the viewer, positioned in a linear sequence. This setup does not depict the spatial structure of the anatomical theatre or the relationship between observer and cadaver but rather focuses on the documentation of individual portraits. Moreover, the composition established by this work continued to be emulated in anatomical group portraits long after the artist's death [3].

Thomas de Keyser–The anatomy lesson of Dr. Sebastiaen Egbertszn (1619)

Thomas de Keyser's painting can be viewed as a development of Mierevelt's representational framework, offering one of the first compositions to more explicitly depict the act of dissection. Commissioned in 1619 by the Amsterdam Surgeons' Guild, the work merges scientific representation with a demonstration of power [4]. The cadaver is again presented in a supine position with the abdomen clearly opened. This time, however, the arrangement of the figures and their gestures toward the cadaver give the impression that a dissection is actively being performed. Nonetheless, the internal organs are not rendered in detail, and the symbolic narrative of anatomy education is merged with visual aesthetics [5]. Dr. Sebastiaen Egbertszn is placed beside the cadaver as the focal figure of the painting, while other figures establish eye contact with the viewer, asserting their individual identities. This composition reflects how the practice of dissection, in its artistic representations, was restructured to emphasize institutional hierarchy and scientific authority [2]. Keyser's painting not only illustrates the pedagogical or physiological aspects of dissection but also reveals the social status dynamics within the medical institution. It therefore serves as a unique example of how scientific knowledge production in the early modern period was visually politicized and embodied [6].

Iconographic and medical comparison in early cadaver paintings

Michiel Jansz. van Mierevelt's The Anatomy Lesson of Dr. Willem van der Meer (1617) and Thomas de Keyser's The Anatomy Lesson of Dr. Sebastiaen Egbertszn (1619) are among the earliest works in Western art to depict scenes of dissection. These paintings represent a transitional moment between the tradition of figurative portraiture and the visual representation of scientific knowledge. Although both works feature a cadaver placed in the supine position, their compositions diverge significantly in terms of the positioning of the cadaver, the depth of dissection, the interaction between figures and the scene, and the use of light. In Mierevelt's work, although the thoracoabdominal region of the cadaver is opened, no internal anatomical details are depicted. The stage of dissection is ambiguous, transforming the painting into a ceremonial group scene rather than a medical narrative [2]. In contrast, de Keyser's painting presents the abdominal cavity more clearly opened, and the focused gazes and gestures directed at the cadaver generate a stronger narrative surrounding the dissection process [4]. One of the most striking similarities between the two paintings is the absence of the act of dissection itself. No surgical instruments-scalpel, bistoury, or scissors-are held by the figures; instead, the surgeons' hands are either empty or clasped together. This transformation reveals the scene as a representation of visual authority rather than a pedagogical event [1]. As emphasized in the study The Surgeons at the Tip of the Brush, the paintings commissioned by the Amsterdam Surgeons' Guild were designed not to document scientific processes, but to make the social identity of guild members visible. In this context, the central placement of the praelector anatomiae figure embodies not only the transmission of medical knowledge but also the staging of social authority [7]. In Mierevelt's composition, the figures are arranged symmetrically and frontally. Each one faces the viewer directly, emphasizing personal identity over scientific activity. No figure makes physical contact with the cadaver. Surgical instruments are absent; the surgeon's hands are depicted empty or carefully clasped [3]. In contrast, de Keyser's work depicts at least one figure leaning over the cadaver, and the faces are oriented toward the scene. Although the dissection act itself is still omitted, the representation builds a narrative in which dissection is staged [5]. Lighting in the two paintings also reveals notable differences. Mierevelt directs the light toward the cadaver's torso, placing it at the physical and symbolic center of the composition. The dark background and the arrangement of figures around the body enhance this focus. Such a lighting scheme reinforces the cadaver as the surface upon which knowledge is inscribed [9]. In de Keyser's painting, however, the

lighting is more evenly distributed, increasing the recognizability of individual figures within the group. This suggests a stronger emphasis on individual identity rather than the body itself. From a medical standpoint, neither painting shows anatomical precision or progression in dissection stages. Both cadavers are in supine position and opened to a similar degree. However, these depictions were not intended as didactic tools in anatomical education; rather, they served purposes of institutional representation, scientific prestige, and the ritualized staging of dissection [6]. The cadaver thus transforms from a physical specimen into an epistemological surface and the ritual's central object. Finally, differences in the relationship between the figures and the scene are also noteworthy. In Mierevelt's painting, the figures appear static and almost photographic, while in de Keyser's, the facial expressions and orientations suggest a more engaged observation. This shift marks the early stages of an iconographic transformation in cadaver representation: although the ritualistic dimension of dissection still dominates, traces of didactic representation are beginning to emerge.

Conclusion

Cadaver dissections conducted in the early 17th century were not merely medical procedures for acquiring morphological knowledge; they also transformed into ceremonial performances through which scientific authority was represented. The two works examined in this study-The Anatomy Lesson of Dr. Willem van der Meer (1617) by Michiel Jansz. van Mierevelt and The Anatomy Lesson of Dr. Sebastiaen Egbertszn (1619) by Thomas de Keyser-serve as visually and conceptually significant records of the early artistic representations of postmortem dissection. In both paintings, the cadaver is depicted in a supine position. The dissected area is the abdominal or thoracoabdominal region, which, in anatomical practice, is typically the first to be opened and the fastest to undergo decomposition. However, despite the depiction of these regions as opened, neither work includes anatomical detail of the intracoelomic organs-uch as the liver, stomach, or intestines. This suggests that the artists prioritized compositional arrangement and symbolic expression over scientific accuracy. Another key omission relates to the sequence of dissection. In the Vesalian tradition, postmortem dissections begin in the abdomen and proceed to the thoracic and cranial cavities. Yet, neither painting provides evidence of dissection extending beyond the abdominal region. Furthermore, the practitioners depicted do not hold surgical instruments-no scalpel, bistoury, or any other tool is visible-which indicates that the anatomical procedure itself has been excluded from the artistic frame. Most of the figures have their hands clasped or refrain from making physical contact with the cadaver. In this respect, the paintings depict not a moment of dissection but its transformation into a scene of social representation. From an iconographic perspective, Mierevelt's work is more static, portraying the moment "before" the performance of knowledge, whereas de Keyser's composition, with its expressive gestures and gaze directions, conveys a more "narrative" impact. Still, in both works, anatomy is portrayed not as a systematic educational tool, but rather as a vehicle for presenting collective identity and scientific legitimacy. In this context, the cadaver is not only a physiological object but also an epistemological surface onto which knowledge production and authority are projected. In conclusion, these two early depictions of dissection scenes-while limited in terms of anatomical accuracy-demonstrate how the scientific, social, and aesthetic meanings of dissection were constructed on a visual level. The placement of the cadaver in a supine position, the opened abdominal region, and the arrangement of figures as silent witnesses rather than active participants clearly reveal the transformation of scientific practice into artistic representation. This representational approach highlights that, in early modern medicine, the body was not merely an anatomical structure to be opened, but also a field of knowledge to be performed.

Competing interests: The authors declare that they have no competing interests.

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