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7 Agency and Architecture in Medical Murals by Mary Filer and Marian Dale Scott

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What is the role of art and architecture in the construction of medical legacies?¹ In this chapter, we look at two modern murals painted within a twelve-year period (1942–54) in two public building typologies dedicated to healthcare: a hospital and a medical school. What influence does medical architecture have on the production of mural design? What roles have heroic physicians and scientists played in the ways they are themselves “permanently” pictured? How much did artists learn about medicine and science in the production of such works, and to what extent do these murals continue to communicate the history of medicine today? In pursuit of these questions, this research investigates human and material agency as they emerged through the production of two murals. Here I explore three expressions of agency: the role of hospital architecture as a setting for artistic depictions of medicine and medical history; the transformative potential of murals as didactic works that shape architecture and communicate medical information to future generations; and the agency of women artists in negotiating their artistic integrity while navigating male-dominated environments, the hospital and the university.

This research is a significantly new direction in my work. In the past I have addressed how medicine has been enabled by architecture (Adams 2008); here I question instead how heroic medicine is pictured. The choice of these two particular murals offers a way to see medical art in an architectural context, widening the scope of art, architecture, and design history by uncovering the dynamics of mural decoration and room design. With these ambitions in mind, this chapter tours two murals that depict the work of two Montreal-based medical giants: Wilder Penfield and Hans Selye, whose lives overlapped for nearly seventy years (1907–76). How do the material circumstances of each artwork shape the legacies of these famous innovators? In each case, and inspired by our concerted effort in this book to understand agency, who or what serves as agent in the construction of historical, medical significance?

With regard to grounds for a comparison, both murals were “built in” to an influential public/medical building. For neurosurgeon Wilder Penfield (1891–1976), we look at Mary Filer’s *The Advance of Neurology*, painted in a conference room of the Montreal Neurological Institute (MNI) in 1954. For endocrinologist Hans Selye (1907–82), we turn to Marian Dale Scott’s mural *Endocrinology*, painted

for the conference and reading room of McGill University's Histology Department, in the stunning Strathcona Building, over eighteen months from 1942 to 1943 (Trépanier 2000: 163).² This pair of murals has been overlooked by historians of medicine and even so, only a handful of art historians have looked at them as art (Dumas 1943; MacDermot 1943; Scott 1943; Anderson 2002: 191–244; Bagg 2010; Johnson-Dean 2016).³

Agency is a dubious concept in architectural discourse (Schneider and Till 2009: 97). Scholars from anthropology and sociology have produced a substantive literature on agency (Karp 1986; Hoskins 2006; Karp 1986; Pickering 2010; Rotenberg 2014). To expand on what agency means in relation to architecture, I turn to the notion of “spatial agency,” as articulated by architectural educators Nishat Awan, Tatjana Schneider, and Jeremy Till. Building on the work of sociologist Anthony Giddens, Awan, Schneider, and Till see agency as linked dialectically with social structure (Awan Schneider and Till, 2011: 30), and spatial agents are those who effect “change through the *empowerment* of others, allowing them to engage in their spatial environments in ways previously unknown or unavailable to them, opening up new freedoms and potentials as a result of reconfigured social space” (2011: 32). While Filer and Dale Scott did not intend to radically “reconfigure” the research environments in which they worked, I show how they tested the norms of appropriate femininity, but within the limitations of their social positions.

A second significant text exploring architectural agency, useful to our approach to medical murals, is Annabel Jane Wharton's 2015 book, *Architectural Agents: The Delusional, Abusive, and Addictive Lives of Buildings*. Wharton defines architectural agents separately from both stakeholders and intentions, as “spatial objects—that have an effect on their animate environments, independent of intention” (2015: xiv). As we will see, both murals expressed the wonder and power of medical and scientific research, actively inspiring viewers to understand and participate in research. In this way, the murals functioned like research tools, pushing human knowledge further.

In the immediate pre- and postwar period, architectural murals were seen as a decorative and descriptive medium with enormous communicative power. In 1933, the distinguished artist Arthur Lismer wrote in the *Journal of the Royal Architectural Institute of Canada* that murals were “undoubtedly the most important form of artistic expression and of great social significance.” “Mural painting should be the extension of the functions of the building,” he told Canada's architects (1933: 133–4). As an architectural historian, I am drawn to the public nature of murals for the following reasons. Unlike most paintings and other works of art, murals are usually immovable. Conceived and created in situ, murals often fill entire walls and thus define rooms, hallways, auditoria, stairways, and other spaces: they are, as it were, *architectural*. The architecture of a surrounding building is an integral part of their design; in the case of enclosed rooms, the artists know exactly how their murals will be seen and plan their paintings accordingly (Trépanier 2000: 164).⁴ In addition, because the viewer can only occupy so many places, scale is particularly important. Often lost

in documentary photographs of the murals is the nature of this architectural setting, hence isolating the artworks as if they were traditional, framed, detachable paintings. For both Filer's and Dale Scott's murals, the spaces were relatively intimate and intended as meeting spaces only for the employees of the academic departments they occupied. I consequently understand murals as contributing to an *architectural* history of the medical institution. I also understand the murals (in their architectural settings) as material culture. According to anthropologist Robert Rotenberg, the most potent form of material agency is that which "enhance[s] the agentive human, especially as she operates on the fringe of rule-based spheres of socially constituted activities" (2014: 37). The murals thus exert material agency, since they contribute to the creation of medical history within the hospital and university environments.

Furthermore, my goal in this chapter is to assess the murals from a feminist position, since the murals were created by women artists whose work was overseen by men within the male-dominated environments of the hospital and university. In this regard I admire Janice Anderson's dissertation from Concordia University, "Creating Room: Canadian Women's Mural Painting and Rereadings of the Public and the Private"; in particular, Anderson points out that woman artists do not share a homogeneous identity: each woman's entry into the sphere of artistic production is specific to that individual's time, place, and circumstance (2002: 22). I also take seriously art historian Anna Hudson's challenge with regard to Marian Dale Scott that the work of these artists "can only be fully appreciated with continued interrogations of the relationship between modernism and feminism" (2010: 35–6). In other words, although Filer and Dale Scott's murals may not stand out by today's standards, their artistic contributions were extraordinary within their lifetimes, when the art world revered the work of the "individual (male) genius" (Hudson 2010: 35). In the case of both murals, the gendered dynamic between physician- or scientist-patron and women mural artists opens up space to examine the extent of women's agency within institutions. Filer and Scott negotiated the means available to them—which, as educated women, were far from scant, but still limited—to participate in the construction of medical research as muralists. I thus advocate for the engagement of architectural and feminist perspectives in the quest to understand human and material agency in the production of medical murals of the mid-twentieth century.

Subjects

In both case study murals, the relationship of artist to patron (or what we in architectural history might call client) is key. Mary Filer knew Wilder Penfield from her time as a nurse at the MNI from 1944 to 1946, which Penfield directed from 1934 to 1960. They corresponded about the mural project, even though another physician, Francis McNaughton, acted as the main liaison with Filer on behalf of the MNI. Filer's spouse is also of interest to an architectural and feminist analysis of these murals. Filer eventually married McGill architecture professor Harold Spence-Sales, and she

often worked with architects. Even in the 1940s, her burgeoning interest in architecture positioned her as the ideal candidate to realize a medical mural for the MNI.

Painter Marian Dale Scott was a friend of endocrinologist Hans Selye, perhaps through their personal networks at McGill University, where Scott's husband, lawyer and poet Frank Scott, was a faculty member (Kasirer 2008). Frank Scott and Selye (and Penfield) were part of the same social circle at McGill University and often lunched together at the university Faculty Club (Djwa 1987: 260). Historian of stress Mark Jackson and art historian Esther Trépanier attest that his wife Penna Selye played a role in the conceptualization of Dale Scott's *Endocrinology*, which was commissioned after the Selyes saw her painting, *The Philosopher*, a portrait of engineer Patrick Rolleston (2000: 161). Before performing her own in-depth research, Dale Scott also discussed the major themes of the mural with both Penna and Hans Selye (Jackson 2013: 103). Biographer Sandra Djwa points to Dale Scott's exposure to WPA murals in the United States from the couple's sabbatical year at Harvard University in 1941 as an influence for her McGill project (1987: 248). The murals are thus both family affairs and a confirmation that social networks were key for women artists, who often worked as favors to friends and family. In this case, however, both Filer's and Dale Scott's murals were paid commissions (Johnson-Dean 2016: 43).⁵

Filer's mural illustrates a heroic history of a medical specialty in a narrative, roughly chronological progression through individuals tightly positioned and a lineup of "discoveries." *The Advance of Neurology* looks at the field from prehistory to the present, through forty-eight identifiable figures from Hippocrates to an imagined future beyond 1954, the year it was unveiled. Marian Dale Scott's mural for McGill, however, is a more abstracted and metaphorical snapshot of research in endocrinology, not a history, and includes about fifteen unidentified figures. Both murals include patients, students, researchers, animals, words, technologies, medical diagrams, and body parts. They were painted to celebrate brand new buildings or wings of buildings.

Mary Filer, *The Advance of Neurology*, 1954

Mary Filer's mural, *The Advance of Neurology*, of 1954 [Figure 7.1] is well documented in extant correspondence at the MNI. In September 1951, shortly after completing a Bachelor of Fine Arts and while teaching at McGill University, Filer first asked Penfield if she could come to the MNI to do a series of drawings, prints, and paintings "expressing the color and drama of the personalities and activities of the Institute."⁶ Penfield agreed and passed it along to McNaughton, who had "a keen interest in art."⁷ In January 1953, while completing a Master's degree at Pennsylvania State University, Filer wrote to Penfield, McNaughton, and fellow neurosurgeon William Cone, offering to do a mural for the new McConnell Wing at the MNI: "I would be honoured to paint a mural in the new extension of the Neuro if it was desired, and would gladly volunteer my services purely for the pleasure it would give me."⁸ Although she would reiterate her willingness to do the mural free of charge, even contemplating its potential as a doctoral thesis,⁹ Penfield confirmed the commission of \$1,000 plus travel



Figure 7.1 Mary Filer's *The Advancement of Neurology*, 1954, captured the wonder of neurology. Oil on plaster wall, 96 x 254 cm. On display at the Montreal Neurological Institute and Hospital. Visual Arts Collection, McGill University Library, 1989–031. (© Estate of the artist. Penfield Fonds, P142, Box 9, Folder A/N 9-1/3. Courtesy of Osler Library of the History of Medicine)

expenses.¹⁰ Penfield's insistence on remunerating Filer suggests two things. Filer was joining the ranks of professional medical muralists in painting a medical narrative. Penfield recognized this as important work and legitimized it through compensation. At the same time, in paying Filer, Penfield confirmed the artist–patron relationship, and all of the respective rights and obligations that it implied.

Having visited the new wing [Figure 7.2] on a tour in winter or early spring of 1953, Filer contemplated the influence the architecture might have on her work. She later recalled that Penfield envisioned “a great collage of notable neurologists surrounding him at a moment of perception in the diagnosis of epilepsy” and that the setting for this moment should be the “Monday morning ward round” taking place in a conference room in the new wing (Filer Spence-Sales 1992: 162). Writing to McNaughton, she requested the dimensions of the conference room and wall, as well as two other areas contemplated for murals. “At your suggestion,” she wrote, “I think it would be good to keep continuity in the design with the architecture and present decorative scheme both inside and out.”¹¹ McNaughton and Filer exchanged thoughts on themes, notably the inclusion of trephining, and McNaughton hoped that her work could “express some of the spirit of wonder and adventure which I associate with neurology.”¹² She replied to McNaughton that “the wall must be such a wonder itself if it is to embody that quality.”¹³ Penfield later called it “an artistic fantasy” (1955: x).

In the months leading up to the summer of 1954, when she would complete the mural, Filer continued to think about the space as an influence on her work, writing that “simplification and change in scale is necessary to suit the dimensions of the conference room.”¹⁴ The room was at the center of the ground floor of the addition, designed by the architecture firm of Fetherstonhaugh, Durnford, Bolton & Chadwick of Montreal. Built to the north of the original MNI building of 1934, the six-story extension doubled the hospital's floor space and increased the number of beds from 49 to 139. Despite its substantial size, however, it blended in with rather than stood out from the existing building, with its relatively small street frontage,

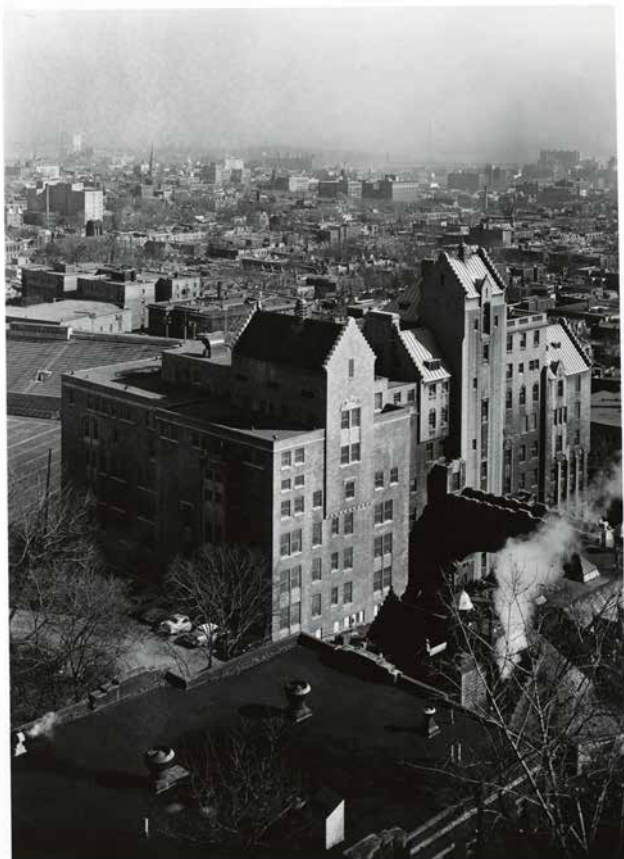


Figure 7.2 This aerial photo of the Montreal Neurological Institute shows the McConnell Wing of 1955 on the left. Penfield Fonds, P142—Series E (Events), Sub-series E/VN, Folder E/VN 1-1.4 (1933-4). See <http://digital.library.mcgill.ca/penfieldfonds/fullrecord.php?ID=9656&d=1>. (Courtesy of Osler Library of the History of Medicine)

similar architectural language, and matching Montreal limestone façade (Adams and Feindel 2016: 456). The conference room was located between sets of examination rooms and across the hall from the nurses' study and a nursing office, and the mural originally occupied the full width of one of the room's shorter walls. A photograph by Basil Zarov [Figure 7.3] in an influential *Maclean's* article on Penfield from 1956 suggests that the mural was at the back of the room, as lecture attendees were shown seated facing away from the mural (Hutton 1956: 14-15). The photograph shows how the life-size figures in the mural enabled an (almost) seamless continuation of the real space of the conference room.¹⁵ The impact of this arrangement could be twofold: on the one hand, the audience at any given presentation would seem larger and more illustrious by the addition of the figures in the mural. On the other hand, any presenter would be facing the mural while speaking. Implicit in such



IN THE LECTURE HALL: Before a giant mural depicting modern surgery and the "father of medicine." Hypocrites, students attend a Penfield lecture. The "Chief" got his MD in three years.

Figure 7.3 The life-size scale of figures in Filer's *The Advance of Neurology* made the mural seem like a continuation of the real room. Photograph by Basil Zarov. Published in Eric Hutton, "Penfield," *Maclean's Magazine* (February 18, 1956): 15.

an arrangement is a direct link from everyday life at the MNI, to the realms of the most prominent figures of academic neurology.¹⁶

In order to explore Filer's mural from a feminist perspective, we turn to how the artist may have included images of herself in the work. Christina Johnson-Dean has suggested that Filer may have painted herself into the wall decoration as both patient and nurse. The figures of patient and nurse are central, the largest, and the brightest figures in the mural. They are also at the cusp of a compositional arc, almost parabolic or catenary, that serves to divide the long mural into upper and lower sections.¹⁷ A reclining patient occupies almost a third of this arc-shaped boundary. Filer depicted the patient with a cloth covering her midsection, leaving most of the legs and torso exposed (2016: 41, 42). This exposure was eventually criticized by Penfield and others. The mural was unveiled in this form in November 1954, but Filer later recalled that "it is not known who was first disturbed over the half-covered patient's body, but early in 1955 Dr. Penfield asked me to repaint the covering sheet, extending it up to the neck and down to the ankle!" (1992: 165). The letter with this request to cover up the figure of the patient is not available, but we know of its existence because the artist responded to Penfield that she was "impressed with [the letter's] sincerity" and that his "idea about making a drapery arrangement for the patient which will both be more appropriate for the hospital situation and still fit into the all-over composition is a good one."¹⁸ Much later, however, Filer wrote that Penfield's comments in

the letter, or one written around the same time, had been “disturbing” to her,¹⁹ and that “his orders were obeyed, but under duress” (1992: 165). The enforced clothing of the patient was particularly ironic considering that in the MNI’s lobby stood a copy of Louis-Ernest Barrias’s *La Nature se dévoilant à la Science* (1899), a sculpture that presented Nature as a woman lifting a veil to reveal her face and breasts (Adams 2019). Note there is no extant evidence that Filer’s depiction of the patient was a self-portrait.²⁰

Although the mural is only signed once by Filer, three dates appear under her signature: 11/9/54, 31/1/55, and 8/4/55. The evidence that has survived suggests the “covering up” happened in winter 1955, so the second and third dates make sense. Is it possible that she re-signed it at the time of significant changes?²¹ Also, an in-process photograph [Figure 7.4], showing the mural with the figures only outlined,



Figure 7.4 Mary Filer working on *The Advance of Neurology*, c. 1954, showing the patient unclothed. Penfield Fonds, P142, Box 430, Folder E/l-f (F). (Courtesy of Osler Library of the History of Medicine)

before any color was applied, shows the patient uncovered to the lower abdomen. This record of changes, including those requested by Penfield, and the multiple dating of the work suggests that Filer saw the project as layered. The exchange between Filer and Penfield about the patient's dress points to the equivocal nature of Filer's agency. She influenced the design of the MNI conference room, for as a muralist she permanently altered the hospital and joined the ranks of other medical muralists in the process. However, Penfield was her patron, and a well-known medical innovator. In the context of mid-twentieth-century gender politics and in his role as a paying art patron, this meant that his word was the last.

With regard to the question of self-portraiture, Filer had depicted herself at the center of an earlier mural, *The Life of a Nurse* [Figure 7.5], embracing her parents on graduation day from nursing school. She painted the approximately 3.3 x 7-meter mural at Penn State in 1953, documenting her experiences as a nursing student. A writer in the *Montreal Star* suggested it might be too powerful for its setting: "Maybe



Figure 7.5 Mary Filer's *The Life of a Nurse*, 1953, at Pennsylvania State University, served as a precedent for her Montreal mural. William Vernon Cone Fonds, P163, Sub-Series A1, Box 2, File 42. (Courtesy of Osler Library of the History of Medicine)

too much for the wall of a students' lounge. If you just wanted to relax, you might find it disturbing, for it is seething and churning with life densely thronged with humanity, being born, suffering, serving, loving, dying" (Ayre 1953).

The Penn State and MNI murals are clearly linked. When Filer first indicated her interest in doing a mural at the MNI in correspondence from January 1953, she described *The Life of a Nurse* and included hand-captioned progress photographs. She also mentioned that she was about to begin a mural for the office of Penn State's president, Milton Eisenhower.²² Further supporting her proposal, she reminded McNaughton that "you mentioned last summer that there might be a suitable wall in a laboratory" and that "the Neuro means a great deal to me."²³ Thus *The Life of a Nurse*, with Filer at its center, served both as a formal precursor to and as a professional stepping stone toward *The Advance of Neurology*.

A significant source for the meaning of *The Advance of Neurology* was its publication and explanation in the Second Foundation volume of 1955, celebrating the opening of the McConnell Wing (Filer 1955: 10–11). The description appears to have been written by Penfield and sent to both Filer and McNaughton for comments,²⁴ and serves as the "official" reading of the mural. Penfield and his contemporaries are glossed over as "some senior members of staff," while the nurse and her identity are not mentioned, nor are any of the other women depicted by Filer. These are Eileen Flanagan, the supervisor who had hired Filer as a nurse, Phoebe Stanley, at the left of the surgical grouping, and a woman in the group of donors in the bottom left corner, alternately identified as Lily Griffith McConnell, in whose name a research endowment was established at the MNI, and "a figure representing women donors" (Anderson 2002: 222; Feindel and Leblanc 2016: 263; Johnson-Dean 2016: 41).²⁵

Filer painted some of the figures from photos, others from life. Perhaps because of her insider status at the MNI, she was given unlimited access to the hospital, including the operating rooms. A letter to McNaughton on April 7, 1954, suggests she considered the work in the tradition of El Greco's *The Burial of the Count of Orgaz*, Frans Hals's military company group portraits, and Rembrandt's *The Anatomy Lesson of Dr. Nicolaes Tulp*.²⁶ In an earlier letter, she outlined her process, which was to start by making separate sketches of concepts and incidents, "slowly building up the whole." In terms of artistic agency, she wrote of the challenge of giving it "visual meaning and impact for the beholder,"²⁷ which she may have seen as her main objective as the artist. Following the initial sketches, she described making more drawings on the spot to secure accuracy in the details.

Marian Dale Scott, *Endocrinology*, 1942–3

Marian Dale Scott's *Endocrinology* [Figure 7.6] depicts contemporary research in the medical field of histology, discreetly implying Hans Selye's place. Selye is widely understood to have demonstrated the existence of biological stress, for which he was nominated for a Nobel Prize in 1949. Hungarian-born Selye was fascinated with



Figure 7.6 Marian Dale Scott's *Endocrinology*, 1942–3, was intended to inspire scientific research. Oil on plaster wall. 369 x 494 cm. Strathcona Anatomy Building, McGill University. Visual Arts Collection, McGill University Library 1986–025. (© Estate of the artist)

the relationship of science and art, a topic he detailed in *Canadian Art* in 1943, where he described the mural as picturing the “spirit of scientific research” (1943: 19) in a similarly heroic fashion as McNaughton’s urge that Filer capture the “wonder” of neurology at the MNI. *Endocrinology* was painted in a conference and reading room for the research staff of the Department of Histology in McGill’s main building for the Faculty of Medicine, known colloquially as “the Strathcona,” constructed in 1909. Whereas Filer employed the arc, Dale Scott’s main formal device was the spiral; “man, the seeker” (“Explanatory Key” 1943: 18), presumably a researcher, male, muscular, turned away from the viewer, grasps at the spiral.²⁸ Jackson speculates that the figure was “supposedly modelled on her husband but perhaps also carried allusions to her developing intimacy with Selye” (2013: 131), while Trépanier notes that Dale Scott had intended to ask her husband, Frank, to pose for the central figure (2000: 185). Fifteen or so other figures are standing or lying down, all naked, and rendered in browns and grays, establishing a hierarchy with varying degrees of transparency and detail, swirling out of and around the spiral. The description accompanying Dale Scott’s and Selye’s articles on the mural in *Canadian Art* uses the term “revolving” and says that “the architectural lines of force [between objects] receive greater emphasis, and the various objects are correspondingly subordinated” (“Explanatory Key” 1943: 18).

The artist includes several women figures, giving birth, breast feeding, and even sitting along the edge of the approximately 3.6 x 4.9 meter mural. The largest figure, stepping into the mural from the lower left corner, is a giant figure produced by pituitary overactivity. Next to his hand is Dale Scott's image of the thyroid gland. The lower right corner focuses on women's conditions. As Hugh E. MacDermot, the author of a 1941 biography of cardiologist Maude Abbott, explained to fellow physicians in the *Canadian Medical Association Journal*: "the ovarian follicle is shown with the corpus luteum and the association with lactation, pregnancy and ovarian malfunction" (1943: 224). This is visible in the figure at the bottom right, whose female secondary sex characteristics remain underdeveloped. It is significant that Dale Scott also pictures women representing conditions that are not specific to female anatomy. Female figures illustrate conditions associated with the adrenal (round form at middle right), pituitary (top left), and thyroid (bottom left) glands.

Dale Scott may have been inspired by African American artist Aaron Douglas's 1934 four-mural suite at the New York Public Library's 135th Street branch entitled *Aspects of Negro Life*. Douglas's angled, moving silhouettes of differing tonal shades, circular and concentric forms, and muted color palette are similar to Dale Scott's mural. As a founding member of the Contemporary Arts Society in Montreal, a well-traveled social activist, and a long-standing friend of artist Pegi Nicol MacLeod who lived in New York, it is very likely that she would have either seen or been familiar with the Douglas project.²⁹

Needless to say, Selye and Dale Scott do not themselves appear in this mural. Dale Scott's feminist message is expressed in other ways. For example, she sets out to paint science as a progressive topic that includes research on women; she sees art as an opportunity for inclusiveness, to expose those without specialized knowledge of science; and she looks beyond traditional women's subjects such as domestic scenes, children, and landscapes to find beauty in the male-dominated realm of science. She correspondingly saw herself as an artist actively participating in scientific research—this is a crucial aspect of her agency—and urged other artists to participate in important developments of their time.

Interestingly, and in the spirit of scientific investigation, Selye and Dale Scott saw the mural project as a partnership. Their published reactions to the project in the same edition of *Canadian Art*, as "art as an inspiration to science" and "science as an inspiration to art" (Scott 1943; Selye 1943), played active roles in this dynamic. Most significant for an architectural history of medicine is that the mural was intended to inspire those meeting and working in the room itself, rather than simply decorating it or celebrating their achievements. Jackson's account in *The Age of Stress* says Selye took a very active role in choosing what was depicted, suggesting a diminished role for the artist, something we see constantly in life stories of women architects (Adams 2012). By contrast, art historian Shannon Bagg assesses the mural without a single reference to Selye (2010). When Selye asked Dale Scott to illustrate a textbook he had written, she wrote that "she did not want her art to be a 'servant' of science" (Trépanier 2000: 164–5). In any case, and more pertinent to

architectural–medical–feminist interpretations of the mural, is that it played an active role in scientific research, like the tools it depicts: rat, microscope, and library file.³⁰ The medical conditions depicted in the mural were and are immediately legible to physicians, and thus the mural is not as abstract as non-physicians may perceive it.³¹

Conclusion

Artists engaged art and architecture in dynamic interplay to produce murals that celebrated, explained, and even inspired medical legacies such as those of Penfield and Selye. In both cases, the modest size of the conference rooms had a major impact on the way the work was designed and viewed. It also meant that the works were almost always seen in small groups of viewers and at close range. This intimate space therefore invited close inspection and perhaps even encouraged viewers to reflect on the creation of scientific knowledge. Both Penfield and Selye appear to have played major roles in the production of the murals. Penfield granted permission for Filer to produce the work, full access to the institution as subject matter, and even policed the moral boundaries of the work after its unveiling, as we have seen. Finally, both Filer and Dale Scott took on significant research, both historical and scientific, in order to produce their works.

Additionally, our foray into two meeting rooms in Montreal reveals important considerations in seeing medical murals as significant feminist material culture. Both murals forecast the future, projecting a rosier prospect for women after the mid-twentieth century. In both cases, feminist principles are evident in the inclusion of women as major figures: nurses, patients, donors, and students. A feminist aspect of the Montreal murals lies in the agency of the artists as women and muralists. In completing these high-profile commissioned murals, Filer and Dale Scott established themselves alongside other giants in the history of mural painting. Since women's artistic contributions have often been downplayed, erased, or attributed to their male partners, it is not insignificant that these two women produced these artworks in the first place, contributing to both architecture and medicine by transforming two everyday spaces.

Importantly, as Wharton suggests, alterations to a room—in this case, artistic interventions—could “lead to innovations in teaching practices. Buildings, in this sense, certainly have social agency” (2015: xix). In this respect, the murals offer unanticipated lessons on the depiction of medical heroes. First, they show how “seeing” medicine at this time was filtered through specialized technologies. Filer made use of photographs as part of the artistic process. Dale Scott, instead, used a less traditional tool for artists: a microscope. Importantly, the murals depict imagined situations. In Filer's case this meant juxtaposing dead and living figures. Dale Scott's mural depicted medical conditions simultaneously that would never have been found in a single patient. Second, both murals connect to other murals, forming a network. Thirdly, the works depict medicine and science as positive forces in society, with an emphasis on teamwork and the role of the “human” in research. Finally, both murals

are in spaces intended for knowledge-sharing. Through this act of place-making, they make us all feel part of the process.

Notes

- 1 This research relies on the expertise of Duncan Cowie, Vanessa Di Francesco, Dominic Hardy, Mary Hunter, Martha Langford, Catherine LaRivière, Y. Ipek Mehmetoglu, Magdalena Milosz, Laura O'Brien, Wendy Owens, Michelle Paquette, Jennifer Phan, Lily Szczygiel, and Mary Yearl. I am indebted to Janice Anderson, John Leroux, Benjamin Mappin-Kasirer, and Nicholas Kasirer who commented on versions of this work. An interactive workshop funded by the Gail and Stephen A. Jarislowksy Institute for Studies in Canadian Art provided rich feedback on an earlier draft.
- 2 Trépanier says she worked on it for eighteen months and it was unveiled on June 26, 1943, so I presume Dale Scott started about January 1942. The invitation came in fall 1941.
- 3 On Filer's *The Advance of Neurology*, see Montreal Neurological Institute and McGill University, 1955; On Marian Dale Scott's *Endocrinology*, see Jackson (2013); Lerner (2008); MacDermot (1943); Nemiroff (1980); Selye (1943); Trepanier (2000).
- 4 In writing about Marian Dale Scott, physician Paul Dumas sees the mural as restricted by both its architectural context and the function of the institution in which it is located (Dumas 1943).
- 5 The original amount for Filer's mural was \$1,000 plus travel expenses. See Penfield to Filer, February 1, 1954, Wilder Penfield Fonds, P142, Series A/N (Administration/Neuro), A/N 33, p. 1. Johnson-Dean indicates that Filer was offered \$400 for changes after the mural was completed. Penfield also helped Filer to sell some of the individual portraits to the doctors and to the Montreal Museum of Fine Arts.
- 6 Filer to Penfield, September 23, 1951, Wilder Penfield Fonds, P142, Series C/G (Correspondence/General), C/G 51 (Mary Filer), pp. 1–2.
- 7 Penfield to Filer, October 1, 1951, Wilder Penfield Fonds, P142, Series C/G (Correspondence/General), C/G 51 (Mary Filer), p. 1.
- 8 Filer mentioned in her letters to McNaughton and Cone that she also wrote to Penfield, Filer to McNaughton, January 2, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 4; and Filer to Cone, January 2, 1953, P163, Sub-series A-1, Box 2, File 42, p. 2.
- 9 Filer to McNaughton, December 20, 1953, Wilder Penfield Fonds, P142, Series A-N (Administration/Neuro), A/N 33, p. 1.
- 10 Penfield to Filer, February 1, 1954, Wilder Penfield Fonds, P142, Series A-N (Administration/Neuro), A/N 33, p.1.
- 11 These were "the wall in the Fellow's lounge, and the wall in the corridor with steps at the West end of it." Filer to McNaughton, April 19, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 2.
- 12 McNaughton to Filer, May 25 or June 3, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 1.

- 13 Filer to McNaughton, June 19, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 1.
- 14 Filer to McNaughton, April 7, 1954, Wilder Penfield Fonds, P142, Series A/N (Administration/Neuro), A/N 33, p. 1.
- 15 The mural is extant, but the room in which it is located has been much reduced in size, from an original length of approximately 9 meters to approximately 3.6 meters. Anderson writes that “the reduction in the length of the space from 40’ to 12’ makes it difficult, if not impossible, to stand back far enough from the mural to appreciate its complexity” (2002: 215). The likely original room configuration (approximately 9 x 6.5 meters) is shown in a plan of the McConnell addition from 1951. Fetherstonhaugh, Durnford, Bolton & Chadwick, Architects, “Montreal Neurological Institute Additions and Alterations, Drawing No. 2–01, First Floor Plan,” scale 1/8’ = 1’-0’, August 29, 1951, McGill University Archives, arch. no. 052, building code 059, file 1023M, accession number 901.
- 16 I am grateful to Benjamin Mappin-Kasirer for this observation.
- 17 There are many well-known murals that divide into upper and lower sections, including Rivera’s *A Dream* (1947–8) and *The History of Medicine in Mexico: The People Demanding Health* (1953–4), as well as El Greco’s painting *Burial of the Count of Orgaz* (1586–8), which Filer cited as an influence.
- 18 Filer to Penfield, February 28, 1955, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 1.
- 19 Penfield’s letter was dated December 8, 1954. Filer to William Feindel, September 23, 2002, William Feindel Fonds, McGill University Archives, Correspondence with Mary Filer (2002–5), p. 1.
- 20 Johnson-Dean is the only source to claim that Filer pictured herself as the patient. Significantly, Filer’s self-portrait as a nurse—made distinct by her uniform and dark hair in a low chignon—bears little resemblance to the patient.
- 21 Correspondence regarding the publication of the mural in *Prospect and Retrospect in Neurology* further illuminates the timeline. William Feindel first communicated with Little, Brown and Company on January 25, 1955, about the inclusion of the mural in the book, writing that “the mural will not be completed finally for one more month.” On February 16, he wrote that “the mural has already been finished well ahead of schedule, since we had not expected it to have been finished for another month or so.” Feindel to Theodore Phillips, January 25, 1955, Wilder Penfield Fonds, P142, Series A/N (Administration/Neuro), A/N 4-2/1, p. 1; Feindel to Theodore Phillips, February 16, 1955, Wilder Penfield Fonds, P142, Series A/N (Administration/Neuro), A/N 4-2/1, p. 1.
- 22 Filer to McNaughton, January 2, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 5; Filer to Cone, January 2, 1953, William Vernon Cone Fonds, P163, Sub-Series A1, Box 2, File 42, p. 2. This mural, entitled *Role of University Administration in the Community* (1954), was later removed because Eisenhower thought “it tended to overwhelm the office somewhat and its colors simply did not seem to harmonize with the general office décor” (quoted in Johnson-Dean 2016: 38). Johnson-Dean notes that it was likely painted over.

- 23 Filer to McNaughton, January 2, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 5.
- 24 Penfield wrote to Filer, "I enclose a tentative title and explanation to accompany the reproduction in the book. Send back any suggested alterations as the publishers wish this before the picture." Penfield to Filer, March 4, 1955, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 2. The note to McNaughton was "AD" to McNaughton, March 4, 1954, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86.
- 25 Anderson compares this "dismissal" of women donors to the lack of women in neurology's history except as nurses and patients. McConnell was also the wife of William McConnell, who funded the project.
- 26 Filer to McNaughton, April 7, 1954, Wilder Penfield Fonds, P142, Series A/N (Administration/Neuro), A/N 33, p. 1.
- 27 Filer to McNaughton, April 19, 1953, Francis Lothian McNaughton Fonds, P165, Sub-series B2, Box 8, File 86, p. 1.
- 28 Anderson notes that Dale Scott had used the spiral in previous works (2002: 235). I am grateful to Nicholas Kasirer for pointing out the important role of the spiral in other works by Dale Scott, including "Variation on a Theme: Cells and Fossils, No. 6, 1946" in the National Gallery of Canada.
- 29 Thanks to John Leroux for showing me this work.
- 30 Shannon Bagg suggests that Dale Scott's diaries functioned as a similarly active force, "as a way to develop her awareness and expression" (2010: 41).
- 31 For example, and anecdotally, when I took medical students there in winter 2018 they immediately noted the similarities to the ways these conditions are illustrated in common textbooks. McGill medical student Benjamin Mappin-Kasirer confirmed in an email December 28, 2017: "Some elements immediately stand out to anyone who has been flipping through a medical textbook—the illustrations of acromegaly, hyperthyroidism, pregnancy, lactation, and references to pancreatic endocrinology are striking, relevant, and both scientifically accurate and symbolically productive."

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