

Illustrations from the Wellcome Collections

Medicine Man: The Forgotten Museum of Henry Wellcome

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Henry Solomon Wellcome (1853–1936) built up one of the world’s largest museum collections “for the purpose of demonstrating by means of objects . . . the actuality of every notable step in the evolution and progress from the first germ of life up to the fully developed man of today”. A grand ambition, this museum was to be a place of scientific research—with objects for data—that would increase the understanding of human history. Central to this endeavour was a study of “the continuous perils and ravages of disease encountered in the battle of life” and, since “the preservation of health and life has been uppermost in the minds of living beings”, this universal history would have at its core the history of medicine.¹ As if objects were thoughts made manifest, the first step for Wellcome’s museum venture was to gather and preserve artefacts. “The main function of the Museum is to acquire material” instructed Wellcome—and acquire they did. It has been estimated that, in the 1930s, Wellcome’s collection included more than a dizzying one million objects.²

In fact, this collection was never manageable. Wellcome himself tried, but thoroughly failed to pull it together during his own lifetime. For over sixty years after his death, heirs to his material culture “fortune”—initially the Trustees of the charity set up in his name, and then the administrators of the museums to which the collection was distributed—carried on nobly failing to grasp the magnitude of this vision. In the Wellcome Library, for example, the task of cataloguing every picture, photograph and print in the iconographic collection started in 1993 and still proceeds. The legacy of this mind-bogglingly diverse collection is today scattered in numerous institutions across the globe from Australia to Zimbabwe, each of which faces—whether acted upon or not—a similar task of surveying, analysing and organizing piles of objects. Appreciated today in isolated bits and pieces, the grand overview of this fundamental human instinct of “preserving life and health” provided by his amassed collection has largely been obscured by its curatorial and intellectual dispersal.³

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¹ Ghislaine M Skinner (now Lawrence), ‘Sir Henry Wellcome’s museum for the science of history’, *Med. Hist.*, 1986, 30: 383–418, pp. 399.

² *Ibid.*, pp. 402.

³ For an account of the development and dispersal of the Wellcome Historical Medical Museum, see John Symons, *Wellcome Institute for the History of Medicine: a short history*, London, The Wellcome Trust, 1993, and Georgina Russell, ‘The Wellcome Historical Medical Museum’s disposal of non-medical material, 1936–1983’, *Museums Journal*, 1986, 86: Supplement.

One hundred and fifty years after Wellcome's birth, and long after his collections have been scattered throughout the world of museums, a temporary exhibition focusing on his now widely forgotten collections provides an opportunity to consider again both the material legacy of this great collector and its significance for the history of medicine. The exhibition is showing at the British Museum, a choice of venue that itself sets up a series of intriguing and delightful resonances. For Wellcome happened to be born in the year in which the British Museum celebrated its centenary. The timely celebration of one man's personal collection, the scale of which rivalled national museums across Europe and the United States, is therefore being held within the mother of all those institutions (itself celebrating its two hundred and fiftieth anniversary), a museum whose foundational collections were based primarily on the material legacy of another medical man, Hans Sloane.

Medicine Man

Henry Wellcome was a man of many interests with impressive achievements in a variety of fields. As well as being a collector, he was an entrepreneur and international businessman, patron of medical and scientific research, pioneer of tropical medicine and aerial photography, archaeologist and philanthropist (with particular interest in Sudan and in American Indians), close friend of Henry Stanley and a father.⁴ He was a compulsive networker and had impressive and wide-ranging connections: Andrew Balfour, May French Sheldon, Lord Kitchener, Joseph Chamberlain, Roger Casement, Oscar Wilde, Lady Randolph Churchill and W M Flinders Petrie to name but a few. He had an insatiable curiosity about "the great past" and led a multi-faceted and unusual life.⁵

Wellcome was born on a pioneer farm in the American Midwest in 1853. His parents, Solomon and Mary, were deeply religious, his father a minister of the Second Adventist Church. When Henry was eight, following the failure of their potato crop, they moved to Garden City, Minnesota, where his uncle, Jacob Wellcome, lived. Jacob was a doctor and, as he owned his own drugstore, was able to provide employment for Solomon. It was in this drugstore that Henry gained his first experience of business and, at the age of sixteen, launched the first Wellcome product on the market—invisible ink. Wellcome later trained as a pharmacist in Chicago and Philadelphia, and found work with pharmaceutical firms in New York. Whilst working for McKesson & Robbins, he travelled to Ecuador in search of the increasingly rare cinchona trees, whose bark was the prime source of pure quinine. This was his first journey outside the United States and his subsequent account, published in both American and British pharmaceutical journals, brought him considerable attention. But it was in 1880 that his real break came when he joined a fellow student,

⁴ See Ken Arnold and Danielle Olsen (eds), *Medicine man: the forgotten museum of Henry Wellcome*, London, British Museum Press, 2003, pp. 29–37, and Skinner, *op. cit.*, note 1 above, pp. 384–8.

⁵ Henry Wellcome, 'Evidence to the Royal Commission on National Museums and Galleries 1928–1929', WA/HSW/OF/L.1, p. 38, Archives and Manuscripts, Wellcome Library.

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Silas Mainville Burroughs (1846–95), in London, to set up the pharmaceutical firm Burroughs Wellcome & Co.⁶

Compressed tablets, with their accurately measured and easily administered doses had only recently been invented in the USA and the company set out to market these in Europe. Since there were no big manufacturing chemists in Great Britain, the firm soon became a manufacturing as well as a marketing business. In 1884, to deal with the problem of imitations of their products, Wellcome coined one of the most famous trade names in business history, “Tabloid”—a conflation of the words tablet and alkaloid. “Tabloid” medicine chests, packed with the company’s wares, were given away to influential people, including King Edward VII and President Theodore Roosevelt and, carried by explorers of the day, made their way to both north and south poles and to Mount Everest.

Burroughs Wellcome & Co quickly became very successful and, in 1895, when Burroughs died suddenly, Wellcome became sole owner of a powerful and wealthy company. It was around this time that Wellcome began to develop his collecting interests. He had been buying books and objects since his student days, but now had the means to acquire many more and to do so on an institutional rather than a personal basis. The beginning of his museum can be dated to about 1903 when he took up the idea of holding a historical medical exhibition to celebrate his firm’s twenty-fifth year of trading in 1904. He published a short leaflet appealing for historical items and setting out ideas for the content of a museum. In fact the museum did not open until 1913.

Wellcome was more interested in the journey than the arrival, and he might have gone on indefinitely collecting for the Museum ... and letting his acquisitions pile up in store, but fortunately the 17th International Congress of Medicine was being held in London in 1913 and he was persuaded to open the Museum for the conference and to keep it open afterwards.⁷

It was in 1900 that Wellcome first visited Sudan, not long after Kitchener’s defeat of the Khalifa and the establishment of western rule there. The country was in a state of devastation after years of war and Wellcome was appalled by the health conditions that he saw. Determined to do something to improve matters, he set about establishing a tropical research laboratory at Khartoum, including a floating laboratory on the Nile.⁸ This did excellent work towards the control of malaria. He later conceived the idea of combining archaeology and philanthropy, ending up employing some 4000 people on his digs in Jebel Moya and Abu Geili.⁹

Another key chapter in Wellcome’s life is that of his marriage to and subsequent divorce from Syrie Barnardo, daughter of the philanthropist Thomas Barnardo. They were married in 1901 when she was twenty-one and Wellcome in his late forties. Their son Mounteney was born in 1903. It was an unhappy marriage and they separated in 1910, with Syrie

⁶ Robert Rhodes James, *Henry Wellcome*, London, Hodder & Stoughton, 1994, pp. 71–93.

⁷ John Symons, ‘“These crafty dealers”’: Sir Henry Wellcome as a book collector’, in R Myers and M Harris (eds), *Medicine, mortality and the book trade*, Folkestone, St Paul’s Bibliographies/Oak Knoll Press, 1998, pp. 109–30.

⁸ John Symons, ‘The benevolent autocrat’, *Wellcome Journal*, 1991, 6 (6): pp. 8–11.

⁹ Chris Gosden, ‘Object lessons and Wellcome’s archaeology’, in Arnold and Olsen (eds), op. cit., note 4 above, pp. 160–83.

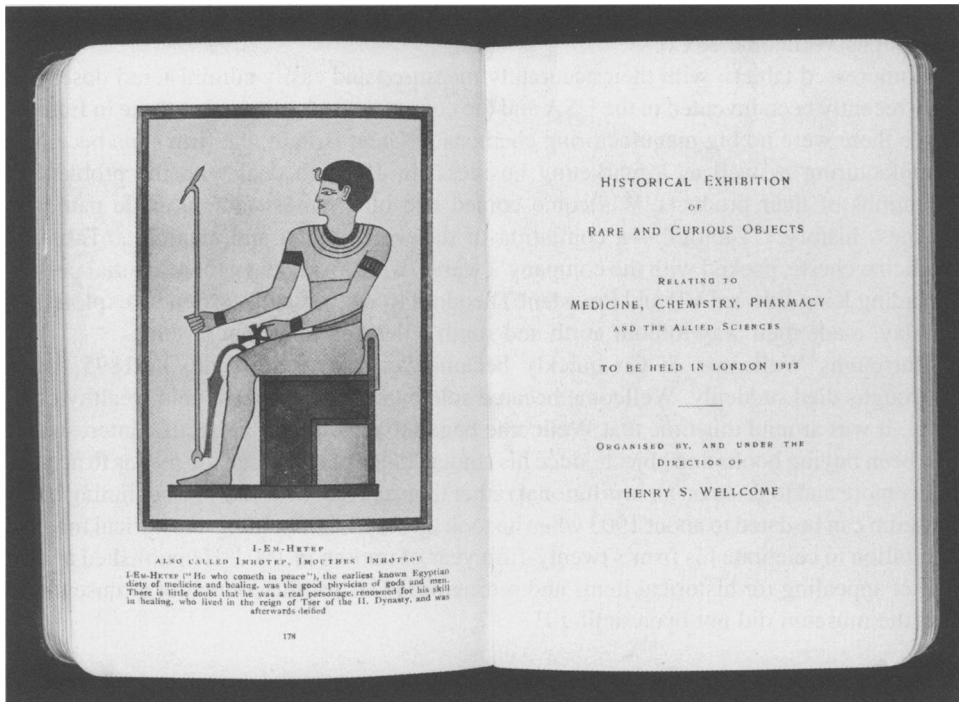


Figure 1: Henry Wellcome set out his ideas for the content of his museum in a number of publications including *The Evolution of Journalism, etcetera: souvenir of the International Press Conference*, London, 1909 (Wellcome Library).

keeping Mounteney. Syrie then had a relationship with William Somerset Maugham: a major scandal at the time. Wellcome filed for divorce in 1916 and was awarded custody of his son. This left Mounteney in a tug of war between his estranged parents: "Each employed medical and educational experts to support their views on how he should be brought up. While Wellcome favoured a strict regime of exercise, fresh air and instruction, Syrie advocated a governess, afternoon naps and smothering affection."¹⁰ Since Wellcome destroyed all Syrie's correspondence, evidence about their early relationship is scant. But one of the contributory factors to their break-up may well have been her dislike of the amount of time he devoted to his collecting activities:

I think it only fair to point out to Hal that . . . ever since our marriage, the greater part of our time has been spent, as he well knows, in places I *detested*, collecting curios . . . sacrificing myself in a way I hated, both to please him and gather curios.¹¹

¹⁰ Amanda Engineer, 'Wellcome: Wellcome and "the great past"', *Med. Hist.*, 2000, 44: 389–404, p. 391.

¹¹ Symons, *op. cit.*, note 7 above, p. 114.

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Figure 2: Ethnographic figures in the “Hall of Primitive Medicine” in the Wellcome Historical Medical Museum, c.1914 (Wellcome Library).

Wellcome certainly had grand ambitions for his collection:

In organizing this Museum, my purpose has not been simply to bring together a lot of “curios” for amusement. This collection is intended to be useful to students and useful to all those engaged in research. I have found that the study of the roots and foundations of things greatly assists research, and facilitates discovery and invention.¹²

As Ghislaine Lawrence has pointed out, Wellcome was not interested in the strange or the beautiful unless it served a “scientific” purpose in piecing together a history of man. He was optimistic about what science could achieve and was less concerned with directly ameliorating the condition of mankind through the provision of education, improved living conditions, or rational amusement. “It was through science that most benefit would accrue and it was with scientific ventures that he chose to associate his name.”¹³ Like the very first medical museums of the Renaissance, Wellcome hoped to create an active place of research.

¹² *The Wellcome Historical Medical Museum*, 54A Wigmore Street, London, Wellcome Foundation, 1927, p. 99.

¹³ Skinner, op. cit., note 1 above, p. 388.

His museum was meant to facilitate the scientific study of the history of mankind and he regarded the systematic arrangement and study of artefacts as furthering knowledge just as much as the work carried out in his physiological and chemical laboratories. Fired by a belief that certain indigenous populations were dying out, and that their material culture was crucial to the “search for origins”, one of Wellcome’s principle foci for his collecting energies was in ethnographic material (which, in the end, constituted more than half of his collection).¹⁴ Wellcome hoped eventually to create a “Museum of Man”, of which medicine would be only a part: a museum that would “connect the links in the chain of human experience which stretch back from the present time into the prehistoric period of the early ages.”¹⁵

Medical Museums

Though constituting a tremendously important chapter in the history of medical museums, Wellcome’s establishment of a medico-historical museum comes at a very particular point in a long-standing and close relationship between the worlds of medicine and museums. The exhibition *Medicine Man* is, of course, itself just the latest instance of this intertwined history: a major biomedical research charity (The Wellcome Trust) putting on a major exhibition about the collecting passions of its founder. As if to make a full circle of that history, the exhibition consciously draws part of its inspiration for a “cultural” approach to medicine from strands of similar thinking evident in the very first European Renaissance museums—founded as they were on a philosophy of wonder and curiosity.¹⁶ As a response to Wellcome’s material cultural legacy, *Medicine Man* offers its own experimental approach to curating more as a Renaissance essay than a definitive modern monograph.

A good number of the very first European museums were in fact set up in the apartments and work places of medical men. Many of their curators came from a medical background, and much of the rationale for their “hobby” was in fact medical. The very earliest examples of cabinets in Renaissance Italy were formed in an attempt to manage the sheer flood of new things uncovered in travel to unfamiliar countries, in voyages to completely unknown lands and in the excavation of ancient buildings. A wide selection of the objects they collected were understood in terms of medical “principles” that were held to correspond to a particular function and part of the body. These early curators did not just set their collections on shelves and admire them. They also engaged with their objects through all their senses—things were weighed and measured, tasted, scratched and sniffed, and even set fire to. These

¹⁴ Before dismissing such a pursuit as rash or deluded, it is worth remembering that many other contemporaneous collections of folk art, agricultural and rural material culture, folk art and folk music were inspired by similar apocalyptic visions, as indeed is today’s ecological scramble to collect and preserve the natural world.

¹⁵ *The Wellcome Historical Medical Museum*, op. cit., note 12 above, p. 14.

¹⁶ For aspects of that history see, for example, Ken Arnold, ‘Museums and the making of medical

history’, in Robert Bud, Hellmuth Trischler and Bernard Finn (eds), *Manifesting medicine: bodies and machines*, Amsterdam, Harwood Academic, 1999, 145–74; Ken Arnold, ‘Time heals: making history in medical museums’, in Gaynor Kavanagh (ed.), *Making city histories in museums*, London, Leicester University press, 1998, pp. 15–29; and Susan Pearce and Ken Arnold (eds), *The collector’s voice: critical readings in the practice of collecting*, vol. 2, *Early voices*, London, Ashgate, 2000.

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Figure 3: Reconstruction of a seventeenth-century English apothecary's shop in the Wellcome Historical Medical Museum, c.1914 (Wellcome Library).

museums, then, were more like studies in which nature was not just accumulated but also experimented upon, so that museums became sites in which to create experimental knowledge. As such, they provided the model for “theatres of experiments” more generally—places in which, for example, to test theories about fossils, to explore the magic of lodestones, and above all to reform *materia medica* so as to identify new reliable medicines. In all these projects, experiments allowed early curators to marshal their objects into facts that served a particular purpose. It is this spirit of experimentation and application of wonder—less in its post-Romantic sense of a jaw-dropping response of awe, and more as a tool for creating knowledge of the material world—that seems to have surfaced again in Wellcome's medical museum.

The natural alliance between curiosities and cures had also surfaced, as has been mentioned, in the life and work of Sir Hans Sloane, whose collection formed an uncanny precedent for Wellcome's own. Trained as a doctor, Sloane's collecting instincts sprang from a curiosity with the material world instilled in medical practitioners eager to balance the natural harm of some substances with the curative properties of others. Later in the eighteenth century, the dominant British medical figures of the Hunter brothers both formed museums: John creating what he saw as an unwritten “book” embodying his new approach

to “the Animal Oeconomy”; William being more concerned to establish a teaching museum of anatomy. The cement that has held together the fields of museums and medicine has always had a strong didactic ingredient. During the eighteenth century any number of cabinets comprised entirely of samples of *materia medica* were formed and used as the core teaching material for courses of medical instruction, often given publicly for a small fee. During the nineteenth century the role of museums became more and more exclusively focused on this educational function, with a simultaneous reduction in the use of medical museums for research purposes. Their place at the cutting edge of certain scientific disciplines gradually gave way to a secondary one of educating “tomorrow’s scientists”. By the end of the nineteenth century, most of the royal and learned medical societies in Europe and the United States had gathered collections expressly for the purpose of teaching, more than a few surviving intact to this day. Though not his primary aim, Wellcome’s museum-making efforts also contributed to this tradition.

Wellcome seems to have drawn on this 500-year history and then added to it in his own grand fashion. The scale of his ambitions coupled with their more recent vintage probably accounts for the survival of so much of his museum, where many of the earlier collections have come down to us only in the form of individual relics and published descriptions. Of course, while physically surviving to a significant extent, in another fashion Wellcome’s vision of material culture and its role in our understanding of health and medicine have almost entirely disappeared. It is the premise of this exhibition, that one of the world’s greatest collections and the insights promised by its contents have been all but lost. Scattered as ghostly fragments that have settled in hundreds of institutions where, except in two or three large repositories, barely a few scholarly keepers with good memories can recall their origins, the Wellcome Museum has almost been forgotten—a phantom of the museum world.

The Exhibition

Like so many exhibitions, *Medicine Man* is a formal exercise in memory—the re-collection of a forgotten museum. It could have been remembered in many ways, a good number of which were toyed with only to be abandoned during the course of the project. This then is not an exhibition that primarily seeks to illuminate Henry Wellcome’s own personal rationale as a collector; and it leaves entirely unexplored the question of what it might have meant to an Edwardian audience, had they been permitted to see it. Nor does it aim to place his efforts in the context of the entangled histories of medicine and museums just outlined. Objects are not presented in the form of a medical historical narrative (from Galen to the genome), nor are they arranged to illuminate our anthropological understanding of health and medicine. Laudable exercises all, most would, however, be better served by books than public exhibitions. *Medicine Man* instead takes its inspiration more directly from Wellcome’s own, attempting to embody rather than explain both his core concern with medicine and his convictions about the power of objects to create their own unique form of knowledge.

Investigations of collections and collectors are all too frequently reduced to lists and numbers, to paper-based exercises that can only gesture at the altogether more powerful experience of wandering through vast storerooms of real things. This can so easily become



Figure 4: Weapons originally belonging to the Wellcome Historical Medical Museum laid out in the Duveen Gallery at the British Museum ready for distribution to alternative collections, 1955. The photograph shows one section of the gallery only, probably about one twelfth of the whole (Wellcome Library).

very dull fare indeed. But in Wellcome's case, the length of those lists and the magnitude of the numbers are in themselves an important part of the story. They include thousands of spears, spectacles and amulets; hundreds of votive offerings, pictures and masks; dozens of "lucky shoes", anatomical manikins and medicine chests. The sheer scale of the exercise of describing all these things and of placing them into some sort of manageable order was a crucial element of Wellcome's own (failed) endeavour, and has also been at the heart of its diaspora since his death. Out of more than a million original objects, as many as maybe 400,000 can still be consulted in museums and libraries today. From the less than 1 per cent of them surveyed during this project, just some 700 or so have been selected for a display that employs a highly varied potpourri of material culture in order to reinvigorate delightfully idiosyncratic and yet breathtakingly broad insights into what medicine and health have meant to humankind.

We are currently witnessing unprecedented changes in the conceptualization of our biological identity. Seemingly, not a week passes without the announcement of some biomedical finding to challenge assumptions long made about our bodies, our origins and our health. Cloning, the human genome, stem cell research, reproductive technology, neurological findings about our minds and characters, as well as health crises surrounding mass immunization, AIDs and genetically modified foods have all tugged at some aspect of our received wisdom about what it is to be human. Cumulatively, this mountain of new ideas

has suggested an identity for our age; a number of commentators see us leaving behind a century of physics to enter our own century of biology. The youngest objects in Wellcome's collections come, inevitably, from the early twentieth century (he died in 1936), so that by definition nothing exhibited can specifically relate to the details of contemporary biomedicine. But the history of ideas often simultaneously witnesses rapid surface change and underlying long-term inertia. Wellcome's collections are nothing if not irrefutable testaments to the fact that medicine and health are as old and as broad as humanity itself. Simply stating such a seemingly obvious point is one thing; contemplating the totality of material culture that embodies this view of the world is quite another. This exhibition in part marshals the broadest possible selection of objects from Wellcome's surviving collections in order to enable culturally broader and temporally longer reflections on our contemporary medical obsessions.

Now proclaimed in all its printed literature, the British Museum has recently adopted a bold strapline: "Illuminating world cultures". The world's cultures encountered by the five and a half million visitors who annually make their way there are, for the most part, divided according to parameters of time or space—BC and AD, Later Medieval, Romano-British, Egyptian, North American, African, and so on. Elements of Wellcome's collections could have been judiciously inserted into most of the existing galleries as an intervention spread throughout the museum, or these divisions could have formed the taxonomic grid for our exhibition. However, because of the way museums define the limits of their interests, much of the Western material in Wellcome's collections could find no departmental home in today's British Museum, belonging instead on the other side of London in South Kensington, where two floors of the Science Museum are permanently devoted to them. But from a different perspective, the curatorial rationale behind *Medicine Man* finds no quarrel with the idea of illuminating a world culture. However, the culture it focuses on is completely universal, but a little more abstract: it is the culture of "wellbeing". This exhibition therefore presents a temporary diagonal slice across the more rectilinear boundaries usually employed in the disciplined environment of Bloomsbury.

But how to parade the shockingly broad and undisciplined terrain covered by Wellcome's collections without simply creating the impression of a hodgepodge: a couple of rooms full of all sorts of everything? *Medicine Man* ends up championing the idea of the power of the unvarnished objects in and of themselves, and provides a forked path through the selected miscellany by adopting three fundamentally different styles of presentation and juxtaposition. In an attempt to make more out of less, the exhibition first presents just six startling or haunting objects: George III's hair, a shrunken head from Ecuador, Van Gogh's etching of his doctor, a selection of amulets, an Elizabethan illuminated manuscript of marvels and monsters, and a set of prosthetic devices. They are an eclectic taster of what is to come, but, through a series of different stories narrated about each one, they also make clear what varied meanings these objects have depending on one's point of view. The same artificial arm and attachments, for example, meant altogether different things to their maker and user, and would today conjure up very different thoughts and feelings for an amputee and a designer of tools for the disabled.

Elsewhere in the show, groups of objects are presented in two radically different styles. Six showcases explore very broad themes through the arrangement of highly heterogeneous elements. So that under the sub-title 'The body under attack', for example, Ambroise Paré's

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sixteenth-century work on surgery in the field of combat is shown together with a plate from Richard Bright's illustrated atlas of pathological symptoms and a skull showing signs of trepanning and a war shield from Papua New Guinea. The practice of war, the development of surgery and the conceptualization of disease can, we want to suggest, be linked in visually suggestive ways, and this through the venerable strategy of yielding knowledge through contrast and comparison. A rather different style of presentation works instead through homogeneity; showing massed arrangement of pharmaceutical glassware, surgical metal-work (obstetrical forceps and amputation saws), terracotta Roman votive offerings, ex-voto pictures, masks and headdresses, prosthetic limbs, photographs and paintings. In these cases one can appreciate how much about the development of health-related practices and beliefs can be uncovered through the fine-grained study of such sub-collections. Through a more decorative form of display, they also draw attention to a fundamental aspect of Wellcome's collecting habits: that he amassed collections as much as objects. His was a museum of museums.

Material Culture and the History of Medicine

One of the most arresting of Caravaggio's paintings takes as its subject *The incredulity of Saint Thomas*. The painting captures with singular power the moment when this emblematic doubter tentatively probes Christ's wound with a hesitant finger. It is Thomas' expression that fixes our attention, leaving us in no doubt that his physical contact with this irrefutable evidence of the resurrection is what enables him to regain his faith. In a more secular context, Caravaggio seems to urge us to consider the power that "real objects" have in enabling people to know and believe things. This is the fare of museums and exhibitions, and it is an idea that potentially further enriches medical history.¹⁷

The subject of medicine has, arguably, a special potency to touch us in profound ways. We *feel* its history through artefacts, not just because they can tangibly engage our sense of touch (albeit in museums through a curious ritual of restrained contact), but also because they often literally relate to our hidden insides.¹⁸ Objects potentially have an ability to interrupt and rise above the narrative flow of written history researched through documents. The journalist Hank Burchard described just this sort of experience on visiting the Armed Forces Medical Museum in Washington, DC, where, he admitted, viewing objects related to President Lincoln's assassination added little if any extra information to this very well researched historical event. But he adds, "no history text can make the tragedy as immediate and real as [the fragments of Lincoln's skull] and the army pathologist's . . . heartbroken

¹⁷ For this interpretation of the painting see Marius Kwint, Christopher Breward, and Jeremy Aynsley (eds), *Material memories: design and evocation*, New York, Berg Publishers 1999. It has to be noted that the historiographic manifesto of "history from things" has a habit of reappearing every decade or so, usually championed by a gaggle of historians and loyally backed by museum professionals, only then to recede as an unfulfilled manifesto.

¹⁸ Ulrich Tröhler describes this as leading the historian "to study *what was felt*." Ulrich Tröhler, 'Tracing emotions, concepts and realities in history: the Göttingen collection of perinatal medicine', in Renato G Mazzolini (ed.), *Non-verbal communication in science prior to 1900*, Florence, Olschki, 1993, p. 373. See also Susan Stewart, 'Prologue: from the museum of touch', in Kwint, Breward, and Aynsley (eds), op. cit., note 17 above, pp. 17–36, p. 28.

but graphic official autopsy report” on display there.¹⁹ Somehow the soft, fleeting and ungraspable stuff of life can, on occasions, be most powerfully evoked through another sort of stuff that, by contrast, lies inert in anachronistic institutions, very slowly turning to dust. And as the six exhibits presented individually in *Medicine Man* highlight, objects also have a subtle way of bringing sharply into focus just how different are different players’ and characters’ perspectives on life’s events and phenomena. The fact that it is difficult to describe quite what happens to us in the presence of these objects, no matter what our own perspective, just underlines the difference between verbal communication and other more visceral experiences.

One of the approaches to displaying objects in *Medicine Man*—that of presenting a particular object type through dozens and dozens of varied examples—draws directly on the tradition of studying material culture within the history of medicine. Significant results have been achieved here, but much more remains to be done, and in particular through their imaginative integration into other more general historical practice. Numerous object types suggest themselves here for further investigation: surgical and diagnostic instruments, moulages, human specimens, patient-produced art work, medical posters, public education films, army medical collections, pharmaceutical products and packaging, the attire and costume of medical practitioners, and collections of medical illustrations. Of these, medical instruments have perhaps been the best studied, but even here, as Gretchen Worden has said, “medical historians can exhibit a surprising lack of curiosity when given the opportunity to examine and use an instrument devised by one of the great names in medicine.”²⁰ Just the sight of a seventeenth-century amputation saw, reminiscent of one you might find in a junior carpentry set, provides a direct reminder of the brute physicality involved in operations at this time. An opportunity to handle them only helps to drive the point home. While the development of particular types of equipment—the increasing use of steel rather than bone handles for surgical equipment, for example—can more subtly suggest a measure of how quickly new theories were accepted, in this case the idea that diseases were spread by germs that could be killed off through the introduction of sterile environments and equipment. Medical instruments also crystallize a specific point of contact between practitioner and patient, and consequently they have the potential to reveal much about the relationship between the two. Hence the significance, for example, of the developments in the form and appearance of obstetrical forceps during the eighteenth century in order to make them appear less frightening to the patients.²¹

The final aspect of *Medicine Man* worth calling attention to is the employment of an eclecticism that can verge on the bizarre. The old and the new, the serious and the frivolous, the beautiful and the ugly are all juxtaposed in order to animate and illuminate universal themes of understanding the body and its response to attack, of birth and death, and of seeking help and treating oneself. It is here that one sees the direct results of a process of

¹⁹ Hank Burchard, ‘It’s strange inside the medical museum’, *Washington Post*, 2 Feb. 1979, p. 6.

²⁰ Gretchen Worden, ‘Steel knives and iron lungs: medical instruments as medical history’, *Caduceus*, 1993, 9: 111–18, p. 111.

²¹ On this point, see Tröhler, *op. cit.*, note 18 above, pp. 369, 346.

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production that inevitably draws on the knowledge and skills of professionals in many disciplines: historians, ethnographers and archaeologists, but also designers, artists and publicists. This element of collaboration across disciplinary boundaries (a necessity rather than optional luxury in the world of exhibitions), and the role it plays in making such projects appeal to more than just a specialist audience, might also have a bearing on the history of medicine. It stands as a testament to the fact that one way of creating knowledge is to bridge gaps of comprehension between territories of expertise. And having been so instrumental in pulling apart the world of knowledge, it seems appropriate that museums may now be ready to play a significant role in folding that rigid view of the world back in on itself. Temporary exhibitions, in particular, have in recent years been embraced as a form of fixed-term experiment, a licence to produce provocative cross-disciplinary essays rather than definitive monographs. Here it seems is the excuse temporarily to put the world back together in different ways, to test out new forms of reality. The experimental reality of *Medicine Man* is one that was curated out of a fraction of Henry Wellcome's forgotten museum. A measure of its success will lie in whether or not it encourages others to draw on material from the same source and compose entirely different essays.