

# **When it's not the main game: Art in hospitals**

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**The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.**

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Susan Barclay

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***Table of Contents:***

Acknowledgments..... 2

Abbreviations ..... 5

Figures Table ..... 6

Abstract ..... 10

Introduction..... 11

Chapter 1 ..... 29

The Westmead Print Prize: Success and Controversy – Wallpapering the wards..... 29

Chapter 2..... 61

A young army of aesthetic decorators ..... 61

Chapter 3..... 92

A caring home: Volunteers in the hospital..... 92

Chapter 4..... 117

Washed with impunity: The humble ceramic tile..... 117

Chapter 5..... 137

Public art in institutions: Murals in hospitals..... 137

Chapter 6..... 159

Educating the patients: High art reproductions ..... 159

Chapter 7..... 193

Plain painted ward: As form follows function..... 193

Chapter 8..... 213

Nurses: The forgotten decorators ..... 213

Chapter 9 No More Reproductions – Real art only allowed..... 230

Chapter 10 Flying fish and a giant acrobat - ‘quasi-museums’ ..... 253

Conclusion ..... 279

Bibliography..... 282



## Abbreviations

BHAC ..... British Health Care Arts Centre

HHC.....Health and Hospitals Corporation

ICS.....International Conservation Services

LAHF.....London Arts Health Forum

NHS .....National Health Service

NNAH.....Network for Arts in Health

NSW .....New South Wales, Australia

PIHs .....Paintings in Hospitals

SAH .....Society for Arts in Health

VIC .....Victoria, Australia

WCTU .....Women's Christian Temperance Union

## Figures Table

Figure 0-1 Jan van Eyck "Madonna of Chancellor Rolin." 1435 oil on panel Paris: Source Musee du Louvre	20
Figure 0-2 El Greco "The Baptism of Christ." oil on canvas Toledo, Spain: Web Gallery of Art 1608-28..	23
Figure 1-1 Judges of the Westmead Print Prize, John Olsen and Stanley de Hautecloucque holding with Frank Hodgkinson's entry Disorientated Cassowary. Source The Sydney Morning Herald, April 24, 1979.....	36
Figure 1-2 the main entrance foyer of Westmead Hospital and the Jutta Feddersen wall hanging – Photograph S. Barclay 2013 and foyer when first opened in 1978 "Westmead Centre Shots for Architectural Award," Sydney: Source Government Printing Office.....	39
Figure 1-3 John Brunnsden artworks originally exhibited within Westmead's board room. Sharpe, Ray O. "Metropolitan Western Region Nurses Educational Board, Westmead Hospital," 1978. Source State Library of New South Wales. <a href="http://acms.sl.nsw.gov.au/item/itemDetailPaged.aspx?itemID=134941">http://acms.sl.nsw.gov.au/item/itemDetailPaged.aspx?itemID=134941</a> (accessed, March 20, 2013).....	40
Figure 1-4 Front cover of Westmead Print Prize competition catalogue with a copy of McMabon's print, Looking for Lawrence 11/20 – this brief document is the only permanent record of the competition entries. S. Barclay...	50
Figure 1-5 a competition entry still hung in its original position above a bed since its installation in 1979. 1979. S. Barclay 2010.....	51
Figure 1-6 selection of competition entries which illustrates the absence of consideration given by the Art Committee to the subject matter of the artworks, which were eventually hung within numerous public areas of Westmead. S. Barclay 2005.....	56
Figure 1-7. These photographs were taken in various locations throughout Westmead and illustrate how the artworks acquired through the competition have become obscured over the years by an ad-hoc collection of signage and medical posters. S. Barclay 2009.....	60
Figure 2-1 Nightingale's design for the pavilion style hospital, from Florence Nightingale's, Notes on Hospitals (London: John W. Parker and Son, 1859) 105.....	65
Figure 2-2 Photograph of a Victorian era hospital wards, shows how the central space was used and decorated by nurses and patients. Source Kings Trust London. <a href="http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital">http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital</a> (accessed January, 20 2014).....	66
Figure 2-3 Hospital ward in the early 20th century, decorated with domestic size framed art works. Photograph illustrates how it would have been impossible to hang any decoration in front of the patients' bed in a Pavilion hospital ward. Source Kings Trust London. <a href="http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital">http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital</a> (accessed January 20, 2014).....	69
Figure 2-4 Colour plate from the 1887 Christmas edition of The Graphic newspaper, provides an example of the 'chocolate box' prints displayed within hospital wards during the Victorian era. Source British Newspapers 1800-1900, British Library.....	72
Figure 2-5 Sketches at the Melbourne hospital – published by Alfred May and Alfred Martin Ebsworth in 1881. Source State Library of Victoria - A/S29/01/81/44.....	80
Figure 2-6 Women's Surgical Ward, Sydney Hospital 1895 – Built in the pavilion style but devoid of any pictures hanging on the walls. Source State Library of New South Wales – d1_06472.....	81
Figure 2-7 The Hospital ward, Gundagai, NSW 1887, shows again the pavilion style ward but with no decorations on the walls; however the bowl of flowers perfectly exemplified Nightingale's description of sick room decorations. Source National Library of Australia – nla.pic-an8526479-343.....	82

Figure 3-1 Victorian hospital ward decorated with vases of flowers and pictures. Source Kings Trust London. <a href="http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital">http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital</a> (accessed January, 20 2014).....	95
Figure 3-2 The Ladies Home Journal 1899, showing the various acts of the Flower Mission activities and description of Miss Tinkham's 'vision' of donating flowers and fruit to the needy of Boston.....	99
Figure 3-3 "The Flower Mission." Harper's New Monthly Magazine, May 1874, 787-94. The magazine article included the above emotive image of a sickly bed bound child clutching a single flower. ....	100
Figure 3-4 The Ladies' City Flower Mission, wood engraving 1878. Source State Library of Victoria - LAN31/10/78/180.....	102
Figure 3-5 Picture of Jennie Casseday, who was credited with uniting the Flower Mission and WCTU. Source, Jennie Casseday of Louisville. Richmond, Virginia: Presbyterian Committee of Publications 1922.....	104
Figure 3-6 Drawing of the Flower Mission ladies delivering flowers to a tent hospital – Frank Leslie's Illustrated Newspaper, October 2, 1880: 70.....	107
Figure 3-7 Painting by Scottish artist Robert Gavin titled The Flower Mission, Ill, Sick, Bedroom. Image reproduced courtesy of Sotheby's in London. ....	110
Figure 3-8 Image from the inside cover of the fictional story of the Flower Mission's work titled, Penfold: A Story of the Flower Mission published in 1891.....	111
Figure 3-9 Copy of the sheet music for the Flower Mission Waltz, dedicated to the Mission's American founder in the WCTU Jennie Casseday.....	112
Figure 4-1 Photograph of hand painted tiled picture panel illustrating Jack and the Beanstalk originally installed in King Edward Ward at the Royal Berkshire Hospital in 1911. Source <a href="http://www.royalberkshire.nhs.uk/wards__departments/m/medical_museum/our_collection.aspx?theme=Patient">http://www.royalberkshire.nhs.uk/wards__departments/m/medical_museum/our_collection.aspx?theme=Patient</a> (Accessed 9 June 2011).....	120
Figure 4-2 Victorian Children's Ward, this photograph show how the tiles were designed to fit neatly between the large windows of the pavilion hospital wards favoured by Nightingale and her contemporaries. Source John Greene's, Brightening the Long Days: Hospital Tile Pictures.....	121
Figure 4-3 Tiled plaque placed above a hospital bed or cot noting the donor's name. Sourced from John Greene, Brightening the Long Days: Hospital Tile Pictures.....	123
Figure 4-4 St Thomas' Hospital, Look Book, feature the reinstated Puss in Boots tiled picture panel, visitors can view as part of the hospital's art tour. ....	129
Figure 4-5 Tiled panel featured in the Bedford Hospital booklet, published to raise funds for the hospital's charity. Source "Rhymes & Reasons: Victorian Tiles with the Stories Behind the Nursery Rhymes." edited by The Bedford Hospital Charity. Bedford: Bedford Hospital Charity, 2006. ....	130
Figure 4-6 Early 20 <sup>th</sup> century children's ward at the Hobart General Hospital, Tasmania Australia. Source W. L Crowther Library. <a href="http://stors.tas.gov.au/AUTAS001125298786w800">http://stors.tas.gov.au/AUTAS001125298786w800</a> . (Accessed June 20, 2013)...	132
Figure 4-7 Contemporary hospital tile commission. Source Willis Newson web site <a href="http://willisnewson.co.uk/mac">willisnewson.co.uk/mac</a> (accessed June, 10 2013). ....	135
Figure 5-1 Photographs of the murals, originally installed in the Essex Mountain Sanatorium, pictured here before it was destroyed during the buildings demolition in 2002. Source, Essex Mountain Sanatorium, <a href="http://www.mountainsanatorium.net/images/w/wpa1.jpg">http://www.mountainsanatorium.net/images/w/wpa1.jpg</a> (accessed June 30, 2011). ....	141
Figure 5-2 modernist rendering of Mother Goose mural. Source "Modernist Mural in Hospital Is saved by Jury of Children" The Baltimore Sun November 25, 1937.....	144
Figure 5-3 Image of Alice wandering through the streets of New York. Source, Champanier, Abram. "Alice and Friends Visit the New York City Public Library at 42nd Street." Mural HHC, 1938.	



<i>http://www.nycppf.org/html/bbc/html/art-collection/jacobi_achampanier.shtml (accessed January 27, 2014).</i>	146
<i>Figure 5-4 The new Harlem Hospital with a glass facade embossed with images taken from the WPA mural installed in the old hospitals during the 1930s. Source, HoK, <a href="http://www.hok.com/design/type/healthcare/harlem-hospital-center--major-modernization/">http://www.hok.com/design/type/healthcare/harlem-hospital-center--major-modernization/</a> (accessed January 27, 2014).</i>	150
<i>Figure 5-5 Sections from Frederick Cayley Robinson mural "Orphan Girls Entering the Refectory of a Hospital" 1912. Source, BBC Your Paintings, <a href="http://www.bbc.co.uk/arts/yourpaintings/paintings/orphan-girls-entering-the-refectory-of-a-hospital-126193">http://www.bbc.co.uk/arts/yourpaintings/paintings/orphan-girls-entering-the-refectory-of-a-hospital-126193</a> (accessed January 14, 2014). "Wounded and Sick Men Gathered Outside a Hospital" 1920. Source, BBC Your Paintings, <a href="http://www.bbc.co.uk/arts/yourpaintings/paintings/wounded-and-sick-men-gathered-outside-a-hospital-126195">http://www.bbc.co.uk/arts/yourpaintings/paintings/wounded-and-sick-men-gathered-outside-a-hospital-126195</a> (accessed January 14, 2014).</i>	152
<i>Figure 5-6. These three photographs show the murals painted by Nan West for the National Orthopaedic Hospital in London. Source "Nan West's Murals in the Royal National Orthopaedic Hospital." <i>The British Medical Journal</i> 317, no. 7174 (1998)</i>	157
<i>Figure 6-1 Volunteers involved in framing prints for distribution to various hospitals throughout Victoria. Images courtesy Red Cross Australia.</i>	171
<i>Figure 6-2 Red Cross Picture Library operations in Melbourne – Images courtesy of the Red Cross Society ...</i>	172
<i>Figure 6-3 Example of framed print and information label of a painting by French artist Maurice Utrillo. Image courtesy of the Red Cross Society Victorian Branch.</i>	174
<i>Figure 6-4 Picture Librarian showing prints to patients. Images courtesy of the Red Cross Society</i>	177
<i>Figure 6-5 Example of framed print loaned out to Red Cross care institutions towards the end of the program's operations in the late 1980s. Image courtesy of the Red Cross Picture Library.</i>	179
<i>Figure 6-6 Art cart being wheeled around a hospital. Source "Pictures for Patients", <i>The American Journal of Nursing</i> 51, no. 12 (1951). It appears from the photograph the cart's wheels may have been recycled from a bicycle.</i>	187
<i>Figure 7-1 An austere American hospital ward at the Los Angeles County General Hospital in 1925. Source USC Digital Archive ID – <i>chs-m1816</i></i>	197
<i>Figure 7-2 Advertisement for Kemp-Prossor's multi-coloured hospital room give provides a visual indication of how it would have looked. Source John Gage "Color and Meaning: Art, Science, and Symbolism". Los Angeles: University of California Press, 1999. 208.</i>	199
<i>Figure 7-3 Copy of Sloan's proposed colour chart specifically designed for the internal hospital spaces. Raymond P Sloan, "Hospital Color and Decoration". Chicago: Physicians' Record Company, 1944.</i>	205
<i>Figure 7-4 Colour chart selections recommended for British NHS hospitals in P H Knighton's publication "The Use of Colour in Hospitals". Newcastle: Newcastle Regional Hospital Board, 1955.</i>	206
<i>Figure 7-5 Insert Richard Hamilton's "Treatment Room." Mixed Media Arts Council Collection 1984. Source, <a href="http://www.artscouncilcollection.org.uk/loadWork.do?id=1498">http://www.artscouncilcollection.org.uk/loadWork.do?id=1498</a> (accessed January 20, 2014).</i>	212
<i>Figure 8-1 A London hospital ward festooned with Christmas decorations. Kings Hospital, London. Source, Kings Trust London. <a href="http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital">http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital</a> (accessed January 20, 2014).</i>	216
<i>Figure 8-2 Nurses with Christmas decorations. Source <a href="http://www.opacity.us/image4324_heaven_and_hell.htm">http://www.opacity.us/image4324_heaven_and_hell.htm</a> Christmas decorations in the corridor of the Female ward Whittingham Hospital, Lancashire.</i>	219

Figure 8-3 Christmas display created by nursing staff at the Rockhampton General Hospital, Queensland in 1951. Source "Christmas Brightened for Hospital Patients," <i>The Morning Bulletin</i> December 26,1951. ....	220
Figure 8-4 Eduardo Paolozzi, "Frog" 1958 Bronze. Arts Council Collection <a href="http://artscouncilcollection.org.uk">artscouncilcollection.org.uk</a> .....	222
Figure 8-5, the mosaic column organised by Sylvia Fradley. Image taken from, Senior, Peter, and Jonathan. Croall. <i>Helping to Health: The Arts in Health Care</i> . London: Calouste Gulbenkian Foundation, 1993. 27	227
Figure 9-1 Corridors transformed with the original murals painted by Peter Senior at St Marys Hospital in Manchester. Source, Senior, Peter, and Jonathan. Croall. <i>Helping to Health: The Arts in Health Care</i> . London: Calouste Gulbenkian Foundation, 1993. 26.....	235
Figure 9-2 Naum Gabo's Revolving Torsion Fountain 1976, installed outside St Thomas' Hospital London. Rosenberg, Eugene. <i>Architect's Choice: Art in Architecture in Great Britain since 1945: Thames and Hudson Ltd</i> , 1992. 109. ....	240
Figure 9-3 The Manifesto, provides a list of items to be considered by those considering installing art works into hospital locations during the late 1990s. Senior, Peter and Jonathon Croall, <i>Helping to Health: The Arts in Health Care</i> . London Calouste Gulbenkian Foundation, 1993. 93.....	248
Figure 10-1 Photograph of Giant Sardine installation in the atrium at the Chelsea and Westminster Hospital in London. S. Barclay.....	254
Figure 10-2 Photograph of the Boiler Suit (2007) by artist Thomas Heatherwick, installed as a building facade at Guy's Hospital in London. Source "Boiler Suit, Guy's Hospital, London ". <i>Odd-shaped buildings on Waymarking.com</i> , <a href="http://www.waymarking.com/waymarks/WM49NX_Boiler_Suit_Guys_Hospital_London">http://www.waymarking.com/waymarks/WM49NX_Boiler_Suit_Guys_Hospital_London</a> .....	254
Figure 10-3 External facade of St Bartholomew's Hospital London, the William Hogarth paintings are a treasure bidden behind the blue painted door. S. Barclay 2010.....	257
Figure 10-4 William Hogarth's <i>The Good Samaritan and Pool of Bethesda</i> , St Bartholomew's Hospital London. S. Barclay 2010.....	257
Figure 10-5 Small historical displays at Guy's and St Thomas have freed the hospital's arts staff from the responsibility of operating a museum. S. Barclay 2010 .....	262
Figure 10-6 <i>The Wave</i> by Andrew Logan at Guy's and St Thomas Hospital London. S. Barclay 2010 .....	263
Figure 10-7 "Look Book: An Eye-Opener on the Art at Guy's Hospital" a self-guided tour of the hospital's key art commissions. Guy's and St Thomas' Charity London.....	264
Figure 10-8 Arnaldo Pomodoro <i>La Sfera Grande</i> . S. Barclay 2010 .....	269
Figure 10-9 Portrait of Mrs Sadie Annenberg exhibited near the building and art work commissioned through philanthropic donations by the family. S. Barclay 2010.....	270
Figure 10-10 Art installations exhibited in the public areas of Flinders Medical Centre in Adelaide South Australia. S. Barclay .....	277
Garden court yard Flinders Medical Centre, Adelaide. S. Barclay.....	281

## Abstract

In art galleries, not surprisingly, art is their ‘main game’. All the pertinent bureaucratic, financial and curatorial disciplines are applied to ensure all art hanging on the walls is valued and displayed to its best advantage. But when art is exhibited on the walls of other public institutions it is not their ‘main game’. It appears to fall into a vacuum and becomes almost invisible, like wallpaper. Public institutions have spent millions of dollars on the procurement and installation of art, yet few understand the long-term implications of placing art in the public sphere.

The development of the contemporary hospital system and the formalisation of nurse training from the 1850s onwards, spurred the public debate on what constituted the ideal decoration for hospital environments. Medical professionals, volunteer groups and artists installed a variety of artistic mediums in hospitals as a means of bringing solace to patients and staff. These decorations have ranged from simple floral bouquets, cheap reproduction prints and painted tiles to the procurement of large original art collections of national significance. Yet scant consideration was given to the long-term viability of the art installed in environments attuned to dispensing medical treatment rather than curating art collections.

This thesis looks at the tenuous plight of art in hospitals, a study inspired by the loss of a nationally significant art collection acquired by Westmead Hospital in the late 1970s. For the first time, this original empirical study provides a detailed analysis of the problematic history of installing art and other decorative mediums in hospitals, from the mid-19<sup>th</sup> century.

## Introduction

In art galleries, not surprisingly, art is their ‘main game’. All of the pertinent bureaucratic, financial and curatorial disciplines are applied to ensure art hanging on the walls is valued and displayed to its best advantage. When art is exhibited on the walls of other institutions it is not their ‘main game’ it appears to fall into a vacuum and becomes almost invisible, like wallpaper in a home after too many years. Public institutions have spent millions of dollars on the procurement and installation of art, yet few understand the long term implications of placing art within the public sphere. This thesis argues that since the 1860s the procurement and display of artistic embellishments in hospitals has been both a perilous and also expensive endeavour.

A basic management tool of any collection is the catalogue. Therefore when invited to catalogue the art collection at Westmead Hospital in 2005 I was shocked, indeed horrified, to discover that a large original art collection procured through public works funding and a national art competition had, by the time of my involvement, evaporated to a fraction of its original extent. Many works acquired to celebrate the hospital’s opening were missing and others showed signs of decades of neglect. Not only was most of the collection missing, the remainder on display had been reduced to wallpaper. Why had such a collection been allowed to erode in this way and were other hospital art collections following a similar fate? The erosion of what had been such a significant hospital and artistic asset prompted further research surrounding the role of art and other decorative elements in hospitals. Why had such a valuable collection been allowed to dissipate? Was this an isolated occurrence? Had other groups installed art or decorations in hospitals and what fate had befallen them?

Primary research into hospital based art procurements revealed Westmead was not an isolated case. Since the conception of the modern hospital system during the 1850s various groups and individuals had been actively working to improve the physical appearance of wards and public spaces. Each group exhibited a variety of replaceable decorative items, such as, flowers, prints, painted tiles and occasionally murals and original art, to help improve a patient's hospital stay. As medical professionals undertook a more scientific approach to healthcare treatments, the types of decorations and reasons for their installation changed dramatically throughout the twentieth century. By the late 1970s a number of art professionals including British artist Peter Senior began to exhibit collections of original art in hospitals. These programs established under the therapeutic banner of *Arts in Health* were to become the benchmark for all future hospital decoration initiatives in America, Australia and Britain from the late 1970s onwards. This thesis challenges the use of original art to improve the physical appearance of hospitals through a historical recount of past decorative programs. Finding a place to start this thesis was problematic due to overlapping programs, operating simultaneously in a range of geographical locations. So I started with a close analysis of the art collection procured for Westmead Hospital, this establishes the thesis argument, of why original art should not be installed outside the protective environment of formal art institutions.

Research into the literature on art procurement for hospitals revealed significant gaps in the history of 'how' and 'what' was installed in hospitals of the English-speaking world. The multi-disciplinary nature of hospital environments means they are places informed by diverse areas of research including health, science, therapeutic practices, architectural history and business management. So where did interior design and art fit?

This thesis will closely evaluate primary Australian, British and American historical sources from the 1850s onwards to examine the long practice of installing a wide range of decorating mediums in hospitals. A diverse approach has been taken to explore the problematic history of decorating hospital walls and explain why the Westmead Hospital art collections has been such an unmitigated failure.

During an extensive literature search, no single body of research on the topic was identified. Many varied reports were found from a range of disciplines involved in hospital management, interior design and art history. Yet, without a coherent narrative or clear model to critique, this thesis has instead emerged from an array of primary research materials. After chapter 1, this thesis is presenting a chronological historical narrative. This original empirical study fills the research void by providing a historical narrative of various hospital decoration programs undertaken from the 1850s onwards.

Approaches to hospital interior design involve medical, architectural, financial, therapeutic, hygiene and management issues. The diversity of documentary evidence extracted from a wide range of disciplines has meant that literature reviewed is considered within the relevant chapters. Each of these areas contributed thoughts on the dichotomy of art and decoration. An historical framework looks at the development of the modern hospital from the mid-19<sup>th</sup> century to investigate the shifting trends in the interior decoration of hospitals. The diversity of research material used to support this thesis is articulated in the following chapters.

Westmead was not the first hospital to procure and install original artworks as decoration, however the demise of its original art collection represents a reoccurring pattern of loss and misunderstanding. Chapter 1 establishes the rationale for this thesis through an analysis of the art

procurement practices undertaken by an inexperienced Art Committee during the 1970s at the newly constructed Westmead Hospital. This Art Committee, comprising an interior designer and several doctors' wives, had an idealised notion that their collection would instil an artistic appreciation on the masses in the surrounding working class area. This chapter explores the consequences of the committee's art procurement and starts to address the thesis question of why exhibiting original art works in hospitals is an expensive and perilous decorating endeavour.

Chapter 2 establishes the historical context of ward decorating practices, through an investigation of primary sources including, medical journals, newspapers and the writings of nursing reformer Florence Nightingale. This chapter will challenge the contemporary *Arts in Health* movements' reliance on Nightingale and her contemporaries' writings as evidence to support the installation of artworks in hospitals. Chapter 3 discusses a group known as the Flower Mission who, by the 1880s had united with the powerful Women's Christian Temperance Union, to donate thousands of floral bouquets to hospital patients on a weekly basis. The group's use of flower bouquets instead of original art works is an important historical development in ward decoration. An historical investigation of the Flower Mission's operations provides emphatic historical evidence of the first external groups working in tandem with hospital administrators to decorate hospital wards.

Philanthropic donations in Britain during the late 19<sup>th</sup> century allowed some hospitals to commission large hand-painted tiled panels. These panels were the perfect ward decoration as they could withstand the rigours of regular cleaning with corrosive cleaning agents such as carbolic acid. Chapter 4 considers the plight of these original works of art which represented the talents of the British ceramic industry and generosity of hospital patrons up to the Second World War. This chapter questions the long-term viability of permanently installing expensive original

art in hospitals. Chapter 5 documents the shift away from installing decorative embellishments in hospitals and the move towards original works of art. This chapter looks at the sustainability of the first government-sponsored hospital art procurement program which occurred in America during the Great Depression of the 1930s.

The Art Committee at Westmead had envisaged bringing art and culture to the western suburbs of Sydney. Chapter 6 draws on primary sources to document an earlier hospital-based art appreciation program undertaken by the Red Cross. Towards the end of the Second World War the Red Cross Library Services created a large hospital-based arts education scheme utilising reproduction prints of European masters. In America a group of doctors' wives formed a similar art appreciation program for hospitals governed by the United Hospital Fund of New York and in 1961 published the first practical guide to installing art in hospitals. These groups were the first to utilise museum art management practices to manage hospital based art collections.

Chapter 7 explores the impact that modernist architectural designs and the nationalisation of public health services had on the internal decoration of hospitals. As medicine took an increasingly scientific approach to health care, governments were forced to rebuild their aging hospitals and adopt a cost-effective approach to decorating. While external decorating groups brought a variety of artistic mediums into the hospital environment, Chapter 8 looks at the forgotten role nurses had in decorating their working environment. Since the formalisation of professional nursing training during the late 1800s, nurses have used a variety of artistic mediums to decorate their working environment including prints from popular magazines, Christmas decorations and sculpture.



By the 1970s hospitals were caricatured for having a pervading odour of boiled cabbage, broken waiting room furniture, tatty out-dated, magazines and walls decorated with medical posters and directional signs. In response to this depressing atmosphere a number of groups formed during the late 1970s to implement arts programs designed to improve the appearance of hospital interiors and bolster patient and staff well-being. Chapter 9 evaluates the role of key individuals and groups including Peter Senior's *Arts for Health* movement in Manchester, England, and the *American Society for Arts in Health* in introducing sustainable hospital art collections in recent decades. To secure funding, these new art groups aligned themselves with the scientifically based art therapy treatments. This dramatic change in the reasons for installing hospital decorations impacted on the size and financial cost of future art commissions.

Chapter 10 brings the discussion to the present day, where corporate and philanthropic objectives have created the concept of hospitals as copy or 'quasi-museums'. Some hospital art collections now rival those held by many leading contemporary galleries or museums, and offer a wide array of art gallery activities for patients such as interactive art tours, revolving exhibition spaces and artist-in-residence programs. This chapter questions the viability of installing expensive original art in hospitals.

Despite the variety of artistic and decorative mediums evaluated in this thesis, several areas of research relating to art in hospitals have been omitted. An analysis of the scientifically based discipline of art therapy has been omitted as it involves patients creating art for personal enjoyment and healing under the supervision of a trained therapist. Some programs examined in this thesis such as the Red Cross Picture Library, the British Arts-in-health movement and the American Society for Arts in Healthcare partially aligned themselves with art therapy practices, although the examples used in this thesis focus on their use of decorations for patient viewing

pleasure. Artworks and decorations installed in children's hospitals have been omitted with the exception of research data into the history of decorative tiles installations in British hospitals discussed in Chapter 4. The art acquired by these institutions, is also used as a therapeutic tool to distract children from the pain and reality of undergoing medical treatment in hospital. A detailed study of these two uses of art in health care institutions goes beyond the physical constraints of this thesis, which focuses on the use of art and decoration in adult or general hospitals. Westmead Children's Hospital exhibits an extensive art collection, curated by Joanna Capon and is located within the geographical restrictions of this thesis. However, a detailed study of this collection was omitted due the existing research on the therapeutic role of art in children's health care institutions that goes beyond the scope of this study.

The historical account of hospital decoration programs for this thesis begins during the 1850s, but the acknowledged connection between the beauties of art as a means to alleviate the pain of human suffering has existed for centuries. The following brief history has been included to provide an overview of the long connection between art and sites of health care from the Ancient Greeks to the start of the Victorian era which coincided with the emergence of the contemporary hospital system, the primary focus of this thesis.

## *Art and pain: a long association*

Early hospital sites were traditionally established by religious orders to provide basic medical care for their infirm members<sup>1</sup> and occasionally services were extended to the local community and travellers.<sup>2</sup> Located within temples, and later churches and cathedrals, each site was adorned with external and internal decorations that reflected the didactic teachings of the various established orders.<sup>3</sup> These decorations assisted in creating a spiritual synthesis with the wider community through the adoption of architectural motifs and artistic styles characteristic of their respective eras.

The first documented sites of healing were established by the Ancient Greeks during the 6<sup>th</sup> century B.C.E, known as Asclepieias,<sup>4</sup> these temples were named after the god Apollo's son Aesculapius (Asklepios) the principal Greek god of healing.<sup>5</sup> The temples provided patients with rudimentary medical treatment in conjunction with cleansing rituals, prayers and sacrifices to the gods. The decorations installed within these early sites were created to offer solace to the eternal human soul and were adorned with images reflecting the curative powers of various healing gods.<sup>6</sup> These early healing environments provided patients with holistic treatments which mirror those offered by contemporary health retreats or spas, as a means of relaxing the body and mind.

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<sup>1</sup> Cartwright, *A Social History of Medicine*, 20.

<sup>2</sup> Rosen, *A History of Public Health*, 29.

<sup>3</sup> Goldin, *Historic Hospitals of Europe*, 4-6.

<sup>4</sup> Penfield, "The Asclepiad Physicians of Cnidus and Cos with a Note on the Probable Site of the Triopion Temple of Apollo," 393.

<sup>5</sup> Miles, "Asclepius and the Muses: Arts in the Hospital Environment," 26.

<sup>6</sup> Cartwright, *A Social History of Medicine*, 21.

In the Christian Middle Ages medical treatments remained rudimentary<sup>7</sup> and illness was seen as a physical representation of evil inflicted on patients as a form of penance for undertaking ‘sinful acts’ or participating in pagan rituals or involvement with the supernatural.<sup>8</sup> During this era church monasteries began to relocate into populated areas and patients were enclosed to stop the spread of disease.<sup>9</sup> One of the first documented hospitals built in a developing urban location was the L’Hotel Dieu Paris, opened in 829AD.<sup>10</sup> At its peak during the 17<sup>th</sup> century the hospital could accommodate 5000 patients<sup>11</sup> in what was described as “chaotic conditions, often several patients to a bed, with no attention paid to hygiene, sanitation or ventilation”.<sup>12</sup> Little is known of the internal decoration of this enormous hospital, in which was partially destroyed by fire in 1737. In Britain, St Bartholomew’s Hospital was opened in 1123 funded by Henry I, provided basic care to the poor and destitute population of London.<sup>13</sup> Again nothing is known about the early internal decoration of these hospitals which provided patients scant medical care beyond a straw mattress bed. However, in Beaune Burgundy, art works commissioned in the 1440s for the Hotel-Dieu by its patron Nicholas Rolin (1376/80-1462) the Chancellor of Burgundy, from artists Jan van Eyck (1391-1441) and Rogier Van der Weyden (1399-1464) have been well documented and graced the hospital’s main entrance and chapel as a visual reminder to patients of who provided both financial and spiritual support for their ongoing care (See. Fig. 0-1).<sup>14</sup>

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<sup>7</sup> Rosen, *A History of Public Health*, 29.

<sup>8</sup> *Ibid.*, 29.

<sup>9</sup> Rosenfield, *Hospital Architecture and Beyond*, 24.

<sup>10</sup> Cartwright, *A Social History of Medicine*, 22.

<sup>11</sup> Rosenfield, *Hospital Architecture and Beyond*, 24.

<sup>12</sup> *Ibid.*, 24.

<sup>13</sup> Cartwright, *A Social History of Medicine*, 25. According to Cartwright, the man responsible for convincing Henry I to build the hospital in London was Rahere (or Rayer). He was described as a ‘jester to Henry I’ who was appalled at finding a family dying ‘on the streets of London’. Cartwright notes the man was most likely a ‘civil servant or royal councillor’ to have been able to make such an impact on the king of England and encourage him to fund and build a hospital.

<sup>14</sup> Retureta et al., "The Hotel-Dieu of Beaune, Hospital and Museum," 52.



Figure 0-1 Jan van Eyck "*Madonna of Chancellor Rolin*." 1435 oil on panel Paris: Source Musee du Louvre

The decoration of hospital interiors expanded greatly during the Renaissance era due to support from trade guilds, wealthy merchants and patronage from the Catholic Church. As before, these decorations were a method of indoctrinating the Church's teaching to a mainly illiterate population.<sup>15</sup> Firstly the Catholic Church was morally and ethically obliged to provide some form of basic health care for the destitute citizens within its jurisdictional boundaries. Secondly, the arts patron, generally a wealthy merchant or citizen with close family ties to the church, commissioned leading artisans of the era to draft architectural plans for hospitals and paint religious-themed frescos for the vast interior spaces of these emerging health care environments. Finally, the humble citizen, if fortunate enough to be given a bed, would have received extremely basic medical treatment within an intensely religious environment.<sup>16</sup> Hospital walls were decorated with vast frescos designed to show Christ as having divine healing powers. The religious nature of early hospital art enforced the didactic beliefs of the Catholic Church, "Christ was portrayed as the divine physician who cured men's spiritual diseases, for disease was equated to sin and health to virtue".<sup>17</sup> Therefore the Church hoped the visual imagery displaying Christ's power over illness would convince the citizens to embrace the Catholic Church and the promise of eternal salvation.<sup>18</sup>

One of the first hospitals to provide rudimentary overnight medical care was The Savoy in London.<sup>19</sup> Opened in 1505 by Henry VII and continued by Henry VIII, The Savoy provided rudimentary care for the underprivileged male population of London in an opulent, clean setting.

<sup>20</sup> All men were obliged to undergo strict bathing and delousing treatments, and listen to moral

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<sup>15</sup> Rosenfield, *Hospital Architecture and Beyond*, 24.

<sup>16</sup> Horden, "The Earliest Hospitals in Byzantium, Western Europe, and Islam," 379. Beds were basic and consisted of a simple wooden frame covered with a straw mattress and shared by several people at once.

<sup>17</sup> Henderson, "Healing the Body and Saving the Soul: Hospitals in Renaissance Florence," 192.

<sup>18</sup> Goldin, "Historic Hospitals of Europe, 1200-1981," 4-6.

<sup>19</sup> Rosen, *A History of Public Health*, 103-104.

<sup>20</sup> Rawcliffe, "The Hospitals of Later Medieval London," 9.

lectures before they were given the luxury of having a night in their own draped bed, adorned with the Tudor insignia.<sup>21</sup> Once enclosed within their beds, the men would have gazed up at ceilings adorned with “Art of royal quality, the roof had wooden pendants with angels on corbels holding emblazoned shields”.<sup>22</sup> These fortunate few were then attended by paid surgeons and hospital officials dressed in uniforms of “Blue and with a Tudor rose in red and gold embroidered on the breast”.<sup>23</sup> The decorations in the Savoy illustrated to Henry VIII disillusionment with the Catholic Church and advertised royal patronage, as opposed to the divine.

In Spain however, the dominant religious theme prevailed when artist El Greco (1541-1614) was commissioned to decorate the chapel of the Tavera Hospital in 1608. These images were installed as a visual narrative for hospital patients that would “Stir and elevate the spirit more than writing” (See. Fig. 0-2).<sup>24</sup>

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<sup>21</sup> Ibid., 10. According to Rawcliffe, the Tudor insignia acted as a visual prompt to remind the patients on daily basis of the hospitals royal patronage.

<sup>22</sup> Baron, "Art in Hospitals: The Fitzpatrick Lecture 1994," 134.

<sup>23</sup> Page, "Hospitals: Hospital of the Savoy."

<sup>24</sup> Baron, "Art in Hospitals: The Fitzpatrick Lecture 1994," 131.



Figure 0-2 El Greco "The Baptism of Christ." oil on canvas Toledo, Spain: Web Gallery of Art 1608-28.



In Britain artist William Hogarth (1697-1764) continued the religious subject matter when he painted massive works for St Bartholomew's Hospital in London during the late 17<sup>th</sup> century.<sup>25</sup> Hogarth used his fame and influence within the art world to promote the value of British artists and gather financial support for the new emerging public hospital institutions.<sup>26</sup> During 1734 Hogarth became aware of a proposed commission being offered to Italian artists Jacopo Amigoni (1688-1752) by St Bartholomew's Hospital in London. The commission was to create two large art works for the hospital's surgeons and patrons' entrance hall and staircase. Hogarth, horrified at the thought of such an important commission being given to a foreign artist, volunteered to produce two art works for the hospital "gratis, an English gentleman vs. a foreigner".<sup>27</sup> The two paintings Hogarth created - the *Pool of Bethesda* and *The Good Samaritan* - illustrated the Christian parables of charity, once completed these enormous works dominated the grand entrance for the hospital's wealthy patrons.<sup>28</sup> While Hogarth's art works at St Bartholomew's portrayed a religious didactic, similar to those of the Renaissance era, their subject matter, according to R Paulson, emphasised the puritan ideology of charity through physical acts of philanthropy, rather than divine intervention. The sheer size of Hogarth's paintings created a dramatic entrance into the hospital, and the patrons would have meandered their way up the grand staircase, in which was decorated with visual images reflecting the Christian acts of charity their financial donations would support. But the hospital's patients never saw these inspiring art works, just as the patrons would rarely have entered the public areas of the hospitals, instead preferring to receive medical treatment within the luxury of their own home.

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<sup>25</sup> Baron, "Hogarth and Hospitals," 1512-1514.

<sup>26</sup> Hogarth, an artist and engraver was the creator of the satirical moral tales *A Harlot's Progress* (1731) and *A Rake's Progress* (1733). As a founding member of the Royal Academy, Hogarth helped enact copyright laws in Britain as a means of protecting artists from exploitation through mass reproduction of their art works.

<sup>27</sup> Paulson, *Hogarth: His Life, Art and Times*, 159.

<sup>28</sup> Baron, "Hogarth and Hospitals," 1512-1514.

Not content with decorating St Bartholomew's, Hogarth undertook a second charitable hospital art project as a favour to his friend and founder of The Foundling Hospital in Bloomsbury, Captain Thomas Coram. Hogarth's art procurement for the Foundling is a rare representation of how a well maintained art collection can become a valuable hospital asset. Coram established the hospital for abandoned and orphaned children in 1739-40 with the assistance of private funding.<sup>29</sup> As a board member of the hospital, Hogarth used his influence with the British Royal Academy (Hogarth was one of their founding members) to enlist the support of leading artists to create an art collection for the hospital's private reception rooms. The art collection was used as a vehicle to draw prospective patrons into the hospital, with the anticipation of securing ongoing philanthropic financial support. Hogarth's connections with the Royal Academy ensured some of the era's leading artists including Joshua Reynolds, Thomas Gainsborough and Allen Ramsay willingly donated works to the hospital's burgeoning art collection.<sup>30</sup> Mirroring the art installed at St Bartholomew's, the art at the Foundling was not placed in the wards or intended to provide spiritual guidance for the patients or orphans. Linda Moss argued that the art work within these hospitals was "centred on the interests of the governors and other beneficiaries rather than the patient (or inmate) welfare".<sup>31</sup> The art, exhibited in luxurious and grand receptions rooms, completely removed the prospective patrons from the hospital's real purpose. While the Foundling was established to provide orphaned children with a basic education, many died of disease before they were old enough to be sent to work as lowly paid trade apprentices or domestic servants.

For the hospital's patrons, the lavish receptions rooms became recognised as one of Britain's premier art venues and a visit to the hospital was a popular afternoon visit for wealthy London

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<sup>29</sup> Antal, "The Moral Purpose of Hogarth's Art," 175.

<sup>30</sup> Uglow, *Hogarth: A Life and a World*, 601.

<sup>31</sup> Moss, "Paintings, Patients and Propaganda," 16.

society during the reign of George II.<sup>32</sup> At the Foundling, Hogarth had managed to combine two emotive elements, abandoned children and quality visual art, both capable of eliciting substantial philanthropic donations.<sup>33</sup> Hogarth's skill as an astute businessman had allowed him to transform visual art displays in hospitals from images supporting religious doctrines to a visual philanthropic tool, capable of creating financial support for the two hospitals.<sup>34</sup> While Hogarth had been visionary in creating an art collection within a hospital, he understood the problems of maintaining art outside its traditional home of a patron's home or gallery. As part of his work at the Foundling, he ensured the hospital governors appointed Benjamin West as curator to oversee the management and conservation of the art collection and ensure its long term viability for the hospital.<sup>35</sup> Hogarth had introduced art into two British hospitals; however, an absence of archival documentation, indicates his work at St Bartholomew and the Foundling were isolated incidents and the vast majority of British hospitals were bleak places of indescribable suffering and poverty, more commonly known as workhouses.

### ***Separation of art and solace***

The public perception of hospitals as places of cure and treatment is a relatively new concept that emerged during the mid-19<sup>th</sup> century. Before the formation of government-funded health departments of the mid-20<sup>th</sup> century, rudimentary health care services were overseen by a variety of local parish and benevolent societies who managed institutions more commonly known as workhouses, poor houses or almshouses.<sup>36</sup> So hideous was the reputation of these so called

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<sup>32</sup> Haslam, *From Hogarth to Rowlandson: Medicine in Art in Eighteenth Century Britain*, 233.

<sup>33</sup> Baron, "Hogarth and Hospitals," 1513.

<sup>34</sup> Pryle Behrman, "Art in Hospitals: Why Is It There and What Is It For?," 584. Baron, "A History of Art in British Hospitals," 9.

<sup>35</sup> Baron, "A History of Art in British Hospitals," 9.

<sup>36</sup> Rosen, *A History of Public Health*, 103-104.

charitable institutions, to enter was seen as the last possible option before death.<sup>37</sup> While those forced to enter the grim walls of workhouses as ‘inmates’ were inflicted with “discipline as severe and repulsive as to make them a terror to the poor and prevent them from entering”.<sup>38</sup>

These institutions housed patients in harsh conditions resembling earlier European Middle Age hospitals.

“The internal logic of the almshouse allied it more closely to the hospice of the Middle Ages than to the twentieth-century hospital. It housed the insane, the blind and crippled, the aged, the alcoholic and the syphilitic, as well as the ordinary working man suffering with an extended siege of rheumatism, bronchitis, or pleurisy. Few who entered the almshouse did so voluntarily; it was the last resort for the city’s most helpless and deprived.”<sup>39</sup>

Throughout the 18<sup>th</sup> and early 19<sup>th</sup> century workhouses abandoned the cultural nexus that had existed for centuries between sites of medicine and artistic mediums. Artistic and decorative embellishments were considered a frivolous waste of money by workhouse trustees and the past relationships between visual arts in hospitals gradually evaporated.<sup>40</sup> These early forerunners for the contemporary hospital system provided scant medical or even basic living necessities such as food for their inmates, and were entered with dread and in trepidation by those forced to utilise their unforgiving charity.<sup>41</sup> Externally the former workhouses institutes had not been designed to promote a welcoming entrance to prospective inmates. Some were built as imposing gothic revival piles while others were housed within bleak Georgian grey stone facades, there was never

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<sup>37</sup> In the 1830s author Charles Dickens had publically critiqued the inhumane treatment of children in workhouses in his newspaper series and later novel *Oliver Twist*, first published in 1838.

<sup>38</sup> Peter Townsend, "The Structured Dependency of the Elderly: A Creation of Social Policy in the Twentieth Century," 8.

<sup>39</sup> Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*. Baltimore, 15.

<sup>40</sup> Rosen, *A History of Public Health*, 103-104.

<sup>41</sup> Hodgkinson, "Poor Law Medical Officers of England 1834–1871," 299-338.

any suggestion of internal decoration within their internal walls, except as the message of ‘cold’ Christian charity.<sup>42</sup>

By the mid-19<sup>th</sup> century a new hospital system was emerging from the shadows of former maligned workhouse or almshouse institutions. These hospital sites used domestic decorations to create a visual metaphor to remove their former workhouse stigma and show their new commitment to patient care through the implementation of scientifically based medical treatments.<sup>43</sup>

The history of art installed in hospitals before 1850 showed it was considered a vital part of the hospital’s internal structure. In Britain, William Hogarth’s artistic commissions at St Bartholomew’s and the Foundling illustrated the power art had on gaining financial patronage for each hospital. Hogarth also understood the need to protect the valuable asset he had procured for the Foundling through the funding and employment of a curator. Perhaps if the Westmead Hospital Arts Committee had done their research and read about Hogarth’s well documented hospital art endeavours, the people of western Sydney might still have an original art collection showcasing the work of leading 1970s Australian artists.

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<sup>42</sup> Longmate, *The Workhouse*, 199-200. Longmate argued that reading material in many British workhouses was restricted to “the bible and the most nauseating unctuous tracts” were banned. This ensured inmates were always aware of the Christian charity bestowed on them by ‘generous’ benefactors.

<sup>43</sup> Ibid. Despite a shifting approach to health care practices in all three countries workhouse institutions were still operating in various forms until the formation of national health services in each country following the Second World War.<sup>43</sup>

## Chapter 1

### **The Westmead Print Prize: Success and Controversy – Wallpapering the wards**

“The aim of the competition was to increase patients’ comfort and to provide a place for residents of the outer suburbs to see fine art”.<sup>1</sup>

The building of hospitals is not an annual event, so when a new teaching hospital was proposed for the outer suburbs of Western Sydney, it was seen as recognising the areas developing economic status. On 29 April 1974, Australia’s then Prime Minister, Gough Whitlam, confirmed his government’s commitment to provide \$A4 million towards the building of a new 925 bed teaching hospital at Westmead in the outer western suburbs of Sydney.<sup>2</sup> When completed in the late 1970s, this new hospital would provide the area’s residents with a state-of-the art medical facility, and the more unexpected inclusion of a contemporary art collection and possible gallery! The aim was to provide the largely working class population of western Sydney with an art collection conceived to foster their appreciation of culture. This chapter shall examine the problematic history surrounding the procurement and on-going maintenance of Westmead Hospital’s art collection. It provides the context for this study’s conception and supports the thesis argument that exhibiting original art work in hospital environments is an expensive and perilous endeavour.

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<sup>1</sup>Allison,C, "Contest Prints for Hospital," *The Sydney Morning Herald*, April 24, 1979.

<sup>2</sup> E G Whitlam, "Australian Labor Party Policy Speech by the Prime Minister of Australia," 43. The commitment towards the funding for Westmead was made by Whitlam during his speech at Blacktown Civic Centre.

## *A lost art collection*

As Westmead's 30th anniversary approached, health care administrators began to delve into their archives for historical construction photographs and memorabilia associated with the hospital's opening in 1978. Perusing the archival documentation, hospital management realised Westmead actually housed a large and possibly nationally significant art collection. At this point some long-term staff members reflected on the faded pictures hung in wards. Some considered they may be original works procured through an art competition held in the late 1970s. When hospital administrators realising Westmead had a unique art collection, and a possible financial asset, they decided to rediscover this hidden asset as part of their approaching birthday celebrations.

Over the decades the art collection had become dispersed through the maze of offices, wards and waiting areas. No formal catalogue of the collection could be located and no one at the hospital had the time or expertise to attempt the monumental job of locating and re-cataloguing a misplaced art collection. In contrast every piece of medical equipment procured was numbered and its location recorded for regular auditing. Unfortunately the art collection had been overlooked as a hospital asset and was never formally audited. This omission had a destructive impact upon the art collection's integrity and the survival of individual art works.

Having re-discovered their lost art collection, Westmead's administrators were placed in a difficult position. They supposedly had a valuable asset, but had no staff members with the expertise or time to locate items and ascertain their authenticity. As a publicly funded hospital the administration lacked funding to employ an external arts professional. It was decided to outsource the cataloguing process to a local educational institution as part of an internship program. In 2005 the University of Western Sydney, Humanities and Language School began to

undertake this interesting foray into the public hospital system and art management.<sup>3</sup> A team of Bachelor of Arts students was assembled under the supervision of Dr. Pamela James, all eager to locate measure, photograph and record the missing art collection, theoretically a straightforward museology project.

The only documentation available to assist in finding over 400 artworks was a basic exhibition catalogue, compiled in 1979 as part of the Westmead Print Prize.<sup>4</sup> Unfortunately this brief document provided artists' names, title of art works and medium, but not the final hanging location for each work. Over the years Westmead had undergone significant renovations, with the children's wards relocated to Westmead Children's Hospital down the road and various floors switching locations.<sup>5</sup> This had forced the displacement of art works from their original hanging locations.

Armed with minimal documentation, numerous hospital maps and floor plans, a single digital camera and tape measure, I and two other students began the 'simple' task of recording the art works.<sup>6</sup> Within hours of starting the project it became evident that a lack of a formal art catalogue and list of hanging locations meant every inch of this sprawling and busy public hospital would have to be searched. This included searching cupboards, storerooms, public wards, administrative and doctors' offices, staff lunch areas and plant rooms, trying to locate the forgotten art works. The task involved two years of scouring every inch of the hospital, crawling through plant rooms, full of forgotten building supplies or storerooms and checking the

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<sup>3</sup> After the initial cataloguing of the art collection had been completed I was retained by the hospital until 2010 on a part time basis to finalise the catalogue and oversee the installation of the new art collection acquired through private donations for hospital's ICU unit. The management of the collection was put out to public tender and is now overseen by heritage conservation company ICS – International Conservation Services. I presently sit on the board of the Sydney West Arts Committee as an arts in health advisor. However, this committee has limited powers due to the absence of any budget to purchase new art works to add to the collection.

<sup>4</sup> The Parramatta Hospital Board: Westmead Centre, "The Parramatta Hospitals - Westmead Centre- Westmead Print Prize 1979,"

<sup>5</sup> Westmead Children's Hospital opened in 1995.

<sup>6</sup> The hospital provided us with an exhibition catalogue of entrants to the Westmead Print Prize, not updated since 1979, this was the only proof of the art collections contents.



maze of subterranean tunnels. Despite the extensive search, only a small fraction of an estimated original 400 art works were located. The demise of this once substantial contemporary art collection and its troubled history prompted me, as the researcher, to start investigating the history and viability of hospital-based art collections. Westmead became the starting point for this thesis, as a growing number of hospitals were installing contemporary art as part of *arts-in-health* agendas. I wanted to research if the procurement of art works had historically been the domain of volunteer groups (like at Westmead) or had medical staff and arts professionals also been involved in this process.

It seems inconceivable that a significant art collection could simply disappear from the walls of a large public institution. Was this problem unique to Australian public hospitals or was it a global issue? Initial research data located in British and American publications suggested procurements of new art installations for hospitals were eagerly reported in both newspapers and medical journals from the 1870s.<sup>7</sup> There appeared to have been a dramatic increase in the installation of various artistic mediums in hospital environments in Britain, America and Australia from the late 1970s, but the long-term fate of many of these art works remained uncertain.<sup>8</sup> This thesis provides an historical narrative of art in hospitals, illustrating why the demise of the Westmead Hospital art collection was not an isolated incident.

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<sup>7</sup> Richards, "Art and the Nhs," 120. This article noted that by 1983, sixty five British hospitals were actively purchasing art works for to exhibit on their walls. Baron, and Greene, "Art in Hospitals: Funding Works of Art in New Hospitals," 1731-1737. Everette, et al, "Painting Collections in Hospitals," 4-6.

<sup>8</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*, 9. In Britain during the late 1970s artist Peter Senior established a non-therapeutic artist-in-residency, the Manchester Hospital 'Arts Project'. This program and its implications on the decoration of hospitals shall be discussed in chapter 9.

## *Where it all began – the perfect site for a hospital*

Following the crippling aftermath of World War Two, the Australian Labor government undertook a number of migration programs to increase the country's population.<sup>9</sup> These projects included the acceptance of 12 000 displaced persons from Europe and assisted passage for British citizens wanting to immigrate to Australia, known as the '10 - pound poms' because their sea passage to Australia cost £stg10.00 per person.<sup>10</sup> In New South Wales large tracts of land around the city of Parramatta were cleared to provide farming land for the burgeoning British colony.<sup>11</sup> This often flood-prone land at Wentworthville, Toongabbie and Seven Hills, was gradually sub-divided throughout the 20<sup>th</sup> century into affordable quarter-acre residential plots away from the overcrowded inner Sydney suburbs. Industrial estates developed at Girraween and Seven Hills, providing employment for the area's growing population in metal fabrication companies, poultry processing and garment manufacture at the Bonds cotton mill at Pendle Hill.<sup>12</sup> By the 1970s the rapidly developing western suburbs was straining the area's limited health services, with many people travelling to the major Sydney hospitals for medical care. To cope with this growing demand the Whitlam Labor government decided to build a new teaching hospital on the site of the former Parramatta Showground and trotting track at Westmead, close to Parramatta and situated on the main western rail line. It was estimated the new hospital and satellite community health services would provide a locally accessible state-of-the-art medical facility for the area's estimated 1.1 million residents.<sup>13</sup>

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<sup>9</sup> *"The Immigration Journey". Australian Government: Department of Immigration and Border Protection.* When Ben Chifley became Prime Minister in 1945, he and Minister for Immigration, Arthur Calwell, started the policy of 'Populate or Perish' to boost Australia's population and increase productivity.

<sup>10</sup> *Department of Immigration and Citizenship.*

<sup>11</sup> Kass, "Western Sydney Thematic History," 9.

<sup>12</sup> Liston, "Portal to the West - Second Cbd 1949-95," 387. Heavy industries built large factories around the Parramatta area, these included metal foundry, Transfield, poultry processing factories Baida and Cordina, plus many small light industry businesses.

<sup>13</sup> McIlraith, S, "Health Care for a Million in West," *The Sydney Morning Herald*, November 10, 1978.

Construction started on a 925 bed hospital in late 1974 and the first stage was opened by NSW Premier Neville Wran in 1978.<sup>14</sup> While the Federal Government's offer of \$A4 million appeared generous in April 1974, it was estimated the building cost for the hospital was in excess of \$A175 million.<sup>15</sup> Only a small portion of this substantial figure was set aside for the internal decoration of the hospital.<sup>16</sup>

To reduce the construction time and costs, Westmead was built using a 35 'fast-track' system.<sup>17</sup> This construction method utilised pre-cast concrete panels as load-bearing structural walls as a replacement for expensive steel frames.<sup>18</sup> This cost-effective building system was used for many publicly funded building projects in Australia from the late 1960s onwards.<sup>19</sup> At Westmead the extensive use of exposed plain concrete throughout the ground floor and main entrance would have meant patients would be greeted by a cavernous grey entrance foyer if those areas were left bare.

### ***Why original art works for a hospital***

The decision to include original works of art throughout the new hospital complex at Westmead was the ideological whim of the project's interior designer and a group of prominent doctors' wives. This group of amateur art connoisseurs decided the vast interior spaces provided the perfect environment for a large contemporary art collection. It was an exceptionally ambitious plan not only for a new Australian public hospital during the late 1970s, but also for a group of

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<sup>14</sup> About Westmead Hospital.

<sup>15</sup> McIraith, S, "Medical Relief in Sight for the West," *The Sydney Morning Herald*, January 31, 1978.

<sup>16</sup> Despite extensive searching of the archival material at the National Archives in Kingswood, related to the construction of Westmead, I have been unable to locate the budget allocation for purchasing internal decorations.

<sup>17</sup> Fast-Track Concrete Construction.

<sup>18</sup> Lewis, *Two Hundred Years of Concrete in Australia*, 107.

<sup>19</sup> *Ibid.*, 107. For example Park Towers, a Melbourne public housing development was constructed using the pre-cast concrete during the late 1960s.

people accustomed to viewing art rather than procuring a large and nationally significant art collection.

The building consortium appointed interior designer Desmond Freeman to oversee all aspects of the hospital's non-medical interior design.<sup>20</sup> Freeman had recently returned to Australia from London where he had been influenced by the emerging *arts-in-health* movement established in Manchester by Peter Senior during the 1970s.<sup>21</sup> Senior and his colleagues collaborated with medical professionals to banish the clinical appearance of publicly funded British hospitals, decorated with the odd medical poster or tatty magazines.<sup>22</sup> While the British were forging ahead to bring art into the National Health Service (NHS), Freeman decided to start his own artistic revolution at Westmead.

In procuring art for the hospital, Freeman was assisted by art enthusiasts Penny Little and Norma Castaldi, whose husbands Prof. Miles Little and Prof. Peter Castaldi, held senior positions within the new hospital.<sup>23</sup> Penny Little had worked for Stadia Graphic Gallery owner, Stanislas de Hauteclouque in Paddington which specialised in selling European and Australian print works.<sup>24</sup> These two women worked with Freeman to form an Art Committee to oversee the running of the inaugural Westmead Art Prize. Using their connections within the artistic community the women were able to gain donations for the competition from a number of prominent Australian artists represented by de Hauteclouque, including Frank Hodgkinson.<sup>25</sup> As the initial construction stage of Westmead drew towards its conclusion, Freeman was tasked with bringing his visions for a modern hospital interior into reality. It was vital that Freeman and his

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<sup>20</sup> Information gained from interview with Desmond Freeman undertaken in 2007.

<sup>21</sup> Coles, *Manchester Hospital's Art Project*, Peter Senior's role in establishing the Arts in Health movement in Britain during 1973 shall be discussed in depth in chapter 9.

<sup>22</sup> Information gained from interview with Desmond Freeman undertaken in 2007.

<sup>23</sup> Lise Mellor, "Castaldi, Peter Anthony". Prof. Little was the hospital's first Professor of Surgery and Castaldi the first Professor of Medicine.

<sup>24</sup> Personal correspondence with Penny Little,

<sup>25</sup> "Contest Prints for Hospital." 11

team ensured all those coming into the hospital were greeted by bright contemporary art works signalling the arrival of the area's new medical services.



Figure 1-1 Judges of the Westmead Print Prize, John Olsen and Stanley de Hauteclocque holding with Frank Hodgkinson's entry *Disorientated Cassowary*. Source *The Sydney Morning Herald*, April 24, 1979.

## *Internal decoration and art*

To break the pervading and oppressive of dull concrete walls throughout the hospital, Freeman decided to push sedate colours aside and introduced a vibrant red palette which included red carpet and furniture throughout Westmead's entrance foyer and ground floor. To compliment this confronting and untraditional use of red within a hospital interior, Freeman commissioned a central art installation to dilute further the pervading tones of grey. The exact sum designated for the interior design is unclear however substantial sums were paid to local artists and international commercial galleries for original art works to hang in the hospital's main foyer, administration areas, education block and chapel.<sup>26</sup> Freeman and his arts committee were determined to make a statement about Westmead's role in the community through the use of contemporary art, exhibited in a modern building design which signalled a state-of-the-art medical facility.

The committee commissioned two imposing fabric sculptures from Australian fibre artist Jutta Feddersen, one to hang on the wall in Westmead's main entrance and the second, a non-denominational altar piece for the chapel.<sup>27</sup> The cost of these two works alone was more than \$A20 000. Despite the size and vibrant red colour of Feddersen's wall hanging, it did little to enliven the rest of the hospital's concrete panelled entrance (See. Fig. 1-2). To address this, the committee spent a further \$A10500 on 36 limited edition prints from Pallas Gallery in London by internationally acclaimed Op Artist Victor Vasarely and other leading British and American prints artists of the late 1970s.<sup>28</sup> While the Vasarely prints were initially hung within the glass atrium entrance, most of these art purchases were hung within the executive suites, away from

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<sup>26</sup> Barclay, "Art and Hospitals: The Westmead Experience," 58-59.

<sup>27</sup> Feddersen, *Substance of Shadows: The Life and Art of Jutta Feddersen*, 178-179. According to Feddersen the wall-hanging for the hospital's foyer took six months to weave from hand dyed wool. In her book Feddersen, noted that the hanging still remains in situ at the hospital.

<sup>28</sup> These included works by artists, John Brunsdon, Francis Kelly, Deborah Skinner and Barbara Newcomb.

the public areas of the hospital (See. Fig. 1-3).<sup>29</sup> These early procurements show the committee's preference for international artists.

Even with the purchase of nearly 40 pieces of art, the vast majority of the hospital remained devoid of any decorative elements. Once patients moved beyond the vibrant red carpeted entrance they were confronted by stark concrete or magnolia painted walls and endless grey linoleum-floored corridors. Having spent large sums on international artists and two key works the committee needed to find a cost-effective art form to reduce the coldness of expansive magnolia painted wards and corridors.<sup>30</sup> Freeman had initially envisaged a work of art hanging over each of Westmead's proposed 925 beds, an ideal that would require nearly 1000 art works. With a limited budget the committee decided their only option was to hold a national art competition.

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<sup>29</sup> Barclay, "Art and Hospitals: The Westmead Experience," 57.

<sup>30</sup> Magnolia coloured paint was still the preferred colour for paint in Australian hospital wards in the late 1970s and still evident in many wards at Westmead in 2005.



Figure 1-2 the main entrance foyer of Westmead Hospital and the Jutta Feddersen wall hanging – Photograph S. Barclay 2013 and foyer when first opened in 1978 “Westmead Centre Shots for Architectural Award,” Sydney: Source Government Printing Office





Figure 1-3 John Brunsden artworks originally exhibited within Westmead's board room. Sharpe, Ray O. "Metropolitan Western Region Nurses Educational Board, Westmead Hospital," 1978. Source State Library of New South Wales. <http://acms.sl.nsw.gov.au/item/itemDetailPaged.aspx?itemID=134941> (accessed, March 20, 2013).

### *The art competition*

Art competitions are often associated with prestige and financial reward through prize money and scholarships, and the winner of a major art competition can gain valuable exposure in the wider public domain or energise an existing artistic career.<sup>31</sup> One of the problems for many artists, especially those trying to launch their careers, was and still is gaining access to commercial exhibition space. When the Westmead Art Committee and Desmond Freeman decided to hold an art competition, open to professional and student artists, it provided many artists with a

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<sup>31</sup> For example *The Archibald* held by the Art Gallery of New South Wales in Sydney, Australia, and the *Turner Prize* held by the Tate Gallery in London provide their winners with instant success and often controversy in the art world and wider public sphere.

publically accessible location in which to exhibit their art. However, Westmead had no funding for prize money or to purchase art works submitted to the competition.

Needing to find 1000 works of art to finish decorating the hospital, the committee forged ahead with the idea of holding a national art competition.<sup>32</sup> This number was a staggering expectation reflecting the inexperience of the committee in coordinating a national art competition and one with limited budgetary funding, caused partly by excessive spending on earlier art works.

As the construction of the hospital had provided a financial windfall for the main building contractors, the committee decided to approach these parties for donations of prize money to fund the competition. First, second and third place prizes were offered for student and professional categories, with the latter aptly named The Concrete Construction Prize.<sup>33</sup> The committee decided to make the competition 'acquisitive' with all entries automatically becoming the property of Westmead Hospital.<sup>34</sup> This bold condition created controversy around the art competition and reduced the number of works entered into the 1979 inaugural *The Westmead Print Prize*.<sup>35</sup>

The concept of holding an acquisitive art competition is not uncommon within the wider art world. Generally, winning artists collected the prize money and willingly surrendered their art work to the competition creators, allowing the artist to gain professional prestige with their work becoming part of an established art collection with guaranteed media exposure for a certain period. What marked the Westmead Print Prize from other art competition was the condition that *all* entries became the permanent property of Westmead Hospital, regardless of whether the submitted work had won one of the six prizes.

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<sup>32</sup> Allison, C "New Westmead Hospital Offers \$2,400 for Art," *The Sydney Morning Herald*, April 24, 1979.

<sup>33</sup> "Westmead Print Prize 1979".

<sup>34</sup> Ibid., The names of the prize donors are listed on the competition entry form and include concrete, electrical and building suppliers involved with the building of the hospital.

<sup>35</sup> Barclay, "Art and Hospitals: The Westmead Experience,"

The Art Committee at Westmead demanded all entrants relinquish their art for no financial reward and minimal media exposure. The only avenue for exposure was to ensure their resumes noted their art works formed part of the Westmead Hospital art collection. Whether Freeman and the committee realised the acquisitive clause would be vilified by the professional art world once the competition was publically launched is unknown.

### ***Decision to limit to print media***

In an attempt to avoid ‘exploiting’ artists and gain as many entries as possible the committee restricted all entries to print works printed on paper.<sup>36</sup> As an entry ‘sweetener’ the committee covered the framing costs for all works accepted and allowed artists to sell additional print editions commission free. This was another competition condition that further antagonised a number of Australian commercial art galleries.<sup>37</sup> The committee wanted to acquire 1000 works to exhibit throughout the hospital and by limiting the entries to one art medium hoped to procure a cohesive collection. Traditional oil, acrylic and watercolour paintings were dismissed due the costs involved in purchasing paints and canvas and the time needed for oil works to harden and dry. The committee dismissed photography due to the fallibility of paper. Size of art works also had to be considered as many would eventually be hung above hospital beds or office desks. This left the artistic medium of printmaking as the only viable option. It was (wrongly) presumed that printed works created by the various mediums of lino-cut, etching, lithograph or screen printing on paper would be a cheaper and quicker option for artists

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<sup>36</sup> "Westmead Print Prize 1979".

<sup>37</sup> Evatt, C, A, "Art Boycott Suggested," *The Sun Herald*, November 26, 1978.

It was evident the committee had a misguided understanding of printmaking practices. They allowed artists to submit works produced by lino-cut, etching, lithograph and screen printing. Yet all these methods required artists to have access to printing presses, screens and etching and involved working with a variety of toxic chemical including vats of acid.<sup>38</sup> Art works produced on paper created a host of long-term conservation issues for the owners. This issue was compounded due to the acquisitive requirement which meant many artists printed their work on cheaper quality paper or submitted inferior quality artist proofs printed on butchers' paper.

In restricting the competition to the medium of printmaking the committee responded to a global resurgence in this ancient art form. For centuries artists used various printing methods for book illustrations. Artist and writer William Blake printed and then hand-coloured illustrations for many of his works including the original *Songs of Innocence* (1789) and *Songs of Experience* (1794).<sup>39</sup> William Hogarth, the historical champion who used art to raise funds for the Foundling Hospital in London, was also a master printmaker who created an etching to illustrate his moral writings *Harlot's Progress* (1731) and *Rake's Progress* (1733).<sup>40</sup> The advent of the printing presses, as a development of the industrial revolution, allowed the mass production of affordable reproduction prints of well-known European masters works and created an entirely new consumer market during the latter half of the 19<sup>th</sup> century.

In Australia by the 20<sup>th</sup> century, artist Margaret Preston's vibrant wood cuts of Australian native flora adorned the covers of *Women's World*, *The Home* and *The Wentworth Magazine*.<sup>41</sup> Throughout the 20<sup>th</sup> century a growing number of Australian artists continued to introduce a variety of

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<sup>38</sup> As an amateur printmaker, I personally can attest to the work involved in producing a single print – printmaking is as time consuming as oil painting as a means of art production.

<sup>39</sup> Lincoln, Andrew, ed. *William Blake 1757-1827 Songs of Innocence and of Experience* Princeton: 1998.

<sup>40</sup> Baron, "A History of Art in British Hospitals,"

<sup>41</sup> Art Gallery of NSW, "Margaret Preston: Art and Life,". In 1937 Preston wrote an article in *Art in Australia* about the positive attributes of the American New Deal WPA program in keeping artists employed and creating art for a wide range of public spaces, including hospitals. The work of the American WPA mural project shall be discussed in chapter 5. Margaret Preston, "American Art under the New Deal: Murals," 50-58.

printmaking practices into their artistic *oeuvre* prompted by two icons of Australian art John Olsen and Frank Hodgkinson. They further expanded their artistic expression beyond oil painting through print following the success of the abstract expressionists and Pop artists in both America and Britain.<sup>42</sup> The growing awareness of printmaking as an original artistic medium, led to a number of public exhibitions devoted entirely to this artistic resurgence. These included the Blaxland Gallery, (located in Farmer's Department Store in Sydney) who held the *Graphic Arts Exhibition* in April 1961.<sup>43</sup> In 1963 artist Henikas Salkauskas, caused a sensation when his untitled print won the £A350 first prize at the *Mirror-Waratah Art Prize* against most traditional art mediums of water and oil paintings.<sup>44</sup>

Interior designers also began to view the medium as a cost-effective means of procuring original art for their clients. In Melbourne printmaker Janet Dawson was commissioned to provide original print works for rooms at the newly opened Southern Cross Hotel.<sup>45</sup> By the mid-1960s the continuing popularity of printmaking among artists saw the creation of the national organisation the Print Council of Australia, established under the guidance of Melbourne based artist Grahame King to unite the country's print artists.<sup>46</sup> By the late 1970s *Belle: Home Living Today* magazine suggested print works as a cost-effective way of purchasing original works of art for homes and commercial buildings.<sup>47</sup>

Westmead Hospital's decision to hold an art competition restricted to the medium of printmaking was tapping into a popular and affordable artistic trend. The timing of the competition reflected the growing movement to install original art works into hospitals,

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<sup>42</sup> Andy Warhol an icon of modernism, created print works of iconic consumer products and film stars to critique American capitalist society. Some of his best known works include a series of screen prints featuring Campbell's soup cans and actress Marilyn Monroe.

<sup>43</sup> Prints and Printmaking, "Graphic Arts Exhibition".

<sup>44</sup> Sayer, *Australian Art*, 76.

<sup>45</sup> Grishin, *Contemporary Australian Printmakers: An Interpretative History*, 17.

<sup>46</sup> Davis, "The Pca: Retrospect and Prospect," 2-4.

<sup>47</sup> Walter, B, "Original Prints: The Pleasant Compulsion," *Belle: Home Living Today*, May/June 1978, 90.

emerging in Britain and America during the same period.<sup>48</sup> Despite its members including Penny Little who had worked at Stadia Gallery which specialised in graphic works on paper, the Art Committee at Westmead underestimated the immense artistic skill and time required to produce a single work of art through the various printmaking mediums.

### ***Art for the uneducated masses***

The Art Committee's dream was the establishment of a nationally significant art collection at the hospital. Not content with holding a single art competition the committee intended it should become an annual event. Throughout the 1970s there had been a steady increase of original art procurements in British and American hospitals however none had initially intended their collections to become works of national importance.<sup>49</sup> Nevertheless, to procure an art collection accessible to the entire local community was a novel concept and one that went beyond Freeman's ideal of hanging an art work over every hospital bed. Whether the committee and Freeman considered the logistical problems of having a public art gallery site located within a busy teaching hospital is unlikely. If the Art Committee had seriously intended to create an art collection of national significance, formal art management practices would have been implemented into the hospital's administrative structure. This would have involved employing an art professional to oversee ongoing curation and establishment of publically accessible art gallery. No documentary evidence has been found to suggest any of these measures

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<sup>48</sup> Peter Senior was establishing his *arts in health* program in Manchester and *Paintings in Hospitals* had already been operation for over a decade in London. The influential work of these two organisations in promoting the burgeoning art in health movement of the late twentieth century shall be discussed in chapter 9.

<sup>49</sup> Loppert, "*Ars Gratia Sanitatis: The Art of the Possible*," 71-72. The first newly built British hospitals to actively create a permanent contemporary art collection were St Mary's in the Isle of Wight in 1991, and The Chelsea and Westminster Hospital (discussed in chapters 9 and 10) in London opened in 1993. Both still have large permanent art collection overseen by employed arts professionals.

were considered or implemented into Westmead's physical structure or management practices during the building and commissioning stages of the hospital.

Before these future dreams could be achieved the committee had to launch its *first* art competition to the media and wait for hundreds of entrants to flood in. The Westmead Print Prize was formally launched in November 1978, with all entries to be submitted to the hospital or various collection venues throughout Sydney by 28 February 1979. This allowed two months for the judging and framing of all prints before they were placed on public exhibition in the hospital's education area from 27 April to 25 May 1979.<sup>50</sup> A total prize pool of \$A2000 was offered, \$A1000 for first prize in the professional section and \$A500 for first prize in the student division.<sup>51</sup>

### ***The Print Prize***

Within days of the competition's launch the contentious entry conditions 5 and 6 became apparent:

“All entries shall become the property of the Parramatta Hospital Board, Westmead Centre ...The Board reserves the right to have any work reproduced in the Press or in television and to use any work for publicity purposes”.<sup>52</sup>

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<sup>50</sup> Allison,C, "New Westmead Hospital Offers \$2,400 for Art," *Sydney Morning Herald*, January 29, 1979.

<sup>51</sup> "The Parramatta Hospitals - Westmead Centre- Westmead Print Prize,". It was noted on the competition entry form that prizes were funded by a number of the hospital' major building contractors. First prize in the professional division was \$1000 and \$500 for the student division.

<sup>52</sup> "The Parramatta Hospitals - Westmead Centre- Westmead Print Prize”.

Some of the strongest opposition to the competition came from Australia's leading arts bodies including the chairperson of the Australian Commercial Galleries Association, Frank W. Watters, who bluntly claimed the competition exploited artists and their work.

“We do object very strongly indeed to the arrangements of a competition, which entails artists giving their work. We do not know what sacrifices you, yourself, the doctors, the nursing staff, the technicians, the architects, the building tradesmen of all sorts etc have made in order that there should be an original print above each bed, but it seems an excessive imposition on artists to expect them to make such substantial personal donations”.<sup>53</sup>

Watters continued his denouncement of the competition and wrote to the New South Wales government and various arts institutions, encouraging them to boycott the competition. The powerful Print Council of Australia joined the debate and objected to artists freely donating their art works, supporting Watters' call for a nationwide boycott of the competition.<sup>54</sup> Within the Sydney media the competition received mixed support. Terry Ingram from *The Financial Review* noted that if a percentage for arts costing was built in public building construction costs, Westmead would not have needed to ask for artists to donate their works to decorate the hospital.<sup>55</sup> The question of art quality was further debated within the media by C A Evatt, director of the Hogarth Gallery, who wrote to *The Sun-Herald*, voicing his concerns about the possibility of substandard art works being entered into the competition.

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<sup>53</sup> Watters, “81/001/001 Australian Commercial Galleries Association”.

<sup>54</sup> Barclay, "Art and Hospitals: The Westmead Experience," 66-67.

<sup>55</sup> Ingram, T, "Parramatta's Budding Parsimonious Patron," *The Financial Review*, November 23, 1978.



“The \$2000 prize is a cheap attempt to obtain works mainly from students and amateur artists of possibly the lowest standard. If the hospital is genuinely short of funds, at least it could have selected quality reproductions of pictures by famous Australian and international masters...Australians are inclined to treat their creative and talented artists shabbily. A hospital would rather fill its walls with rubbish than pay a proper price for beautiful prints. I advocate the artists boycott the Westmead Hospital competition and similar projects”<sup>56</sup>

The competition only received negative press within the first few weeks of its launch then media criticism quickly faded.

Despite the obvious message to the nation’s professional printmakers to boycott the Westmead Print Prize, donations and support for the competition were received from some of Australia’s leading artists including Lloyd Rees and Bettina McMahon. McMahon’s etching titled *Looking For Lawrence 11/20*, was reproduced on the entry form and final exhibition catalogue (See. Fig. 1-4).<sup>57</sup> A further level of professional support was added when renowned Australian artist John Olsen and Stadia Gallery, owner, Stanislas De Hautecloucque accepted an offer to judge the competition.<sup>58</sup> Olsen dispelled any fear about the quality of art submitted in a newspaper report claiming, entrants were “of absolutely the highest quality a unique display”.<sup>59</sup> *The Sydney Morning Herald’s* arts reporter Nancy Borlase praised the competition for promoting the sale of original art works in the Western Sydney area.<sup>60</sup>

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<sup>56</sup> Evatt, C, A, "Art Boycott Suggested," *The Sun Herald*, November 26, 1978.

<sup>57</sup> Barclay, "Art and Hospitals: The Westmead Experience," 69.

<sup>58</sup> "Contest Prints for Hospital." 11. It is impossible to access if the negative press had an impact on the number of competition entries. It was hoped the competition would attract around 1000 entries, although the 400 artworks still procured the hospital a considerable art collection when combined with their earlier art purchases.

<sup>59</sup> *Ibid.*, 11.

<sup>60</sup> Borlase, N, "Print Prize in the West," *Sydney Morning Herald*, May 12, 1979.

Overall, the list of artists' names listed on the competition catalogue showed that after the initial negative reaction to the condition, many artists did not consider the 'acquisition' clause a viable reason to boycott the competition. These included entries from some of Australia's leading contemporary artists including John Coburn, Christopher Croft, Frank Hodgkinson and David Rose.<sup>61</sup> The eventual number of entries submitted was approximately 400 artworks - far less than the 1000 estimation.<sup>62</sup>

The hospital had still managed to procure a substantial number of art works, which if conserved and curated would have formed the basis of a collection representative of printmaking practices in Australia during the late 1970s. The winning entries were duly published within the local media and gradually all reference to the inaugural Westmead Print Prize disappeared as the hospital administration undertook the mammoth task of operating one of the country's busiest teaching hospitals.<sup>63</sup>

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<sup>61</sup> Borlase, N, "Print Prize in the West," *Sydney Morning Herald*, May 12, 1979.

<sup>62</sup> Ibid.

<sup>63</sup> Ibid. The professional section was won by Christopher Croft, second place N Hjorth and third place by Frank Hodgkinson



Figure 1-4 Front cover of Westmead Print Prize competition catalogue with a copy of McMahon's print, *Looking for Lawrence 11/20* – this brief document is the only permanent record of the competition entries.  
S. Barclay

## *The art legacy for western Sydney*

Shortly after the announcement of the competition's winners in May 1979, Freeman's contract with the hospital expired and he moved on to other design projects in Western Australia.<sup>64</sup> The Art Committee had completed its brief and was disbanded and the large, delicate art collection was surrendered to the hospital's general maintenance department. Without professional guidance from either an interior designer or arts professional, the handy men of the maintenance department were given free rein to hang the art wherever they fancied. Freeman's vision of hanging an art work over every hospital bed was partially executed and many wards initially contained art works from the competition (See. Fig. 1-5).<sup>65</sup>



**Figure 1-5 a competition entry still hung in its original position above a bed since its installation in 1979. S. Barclay 2010**

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<sup>64</sup> Barclay. Interview with Desmond Freeman

<sup>65</sup> McIlraith, S, "Health Care for a Million in West," *Sydney Morning Herald*, November 10, 1978.

It is from this point that the history of the Westmead Print Prize art collection becomes blurred for the next 27 years. Once the competition and subsequent exhibition had finished only a basic exhibition catalogue existed, no further detailed record of the artworks was compiled by either the Arts Committee or the hospital administration. No comprehensive art catalogue was created, listing each artist's full name, contact details or the final hanging location of each art work. Once the art works had been hung they were completely forgotten, some remaining in their original location for nearly 30 years and many still bore their faded 1979 exhibition sticker. Some, having been dusted with streaky cleaning cloths, or mottled by a lack of conservation were hard to even discern.

Sadly, after the initial newspaper reports of the art competition's success, no further reference was made to the unique competition or the art works it procured in Australian art magazines or medical journals, unlike accounts of British and American hospital art procurements which were often published in leading medical and design journals of each country. In Britain both *The Lancet* and *The British Medical Journal* have regularly reported on hospital-based artistic endeavours since the mid-19<sup>th</sup> century. The only account of the Westmead Print Prize was finally published outside Australia, written by British doctor, J. H Baron, and Lesley Green in 1984, *Art in Hospitals: Funding works of art in new hospitals* and published in the *British Medical Journal*.<sup>66</sup> The article included a brief description of the Westmead Print Prize as part of a discussion on international funding projects for hospitals, noting the competition had procured the hospital's 400 art works, valued at \$A17 000.<sup>67</sup> Though uncertain how this financial value was reached, it does emphasise the art collection represented a significant financial asset for a publicly funded hospital.

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<sup>66</sup> Baron and Greene, "Art in Hospitals: Funding Works of Art in New Hospitals," 1731-1737.

<sup>67</sup> *Ibid.*, 1731-1737.

## *The misunderstood and forgotten art collection*

Freeman and his team had dreamed of creating a nationally significant art collection for Western Sydney, the reality was they procured an interior decoration resource, and had not considered the need to implement a specific art management plan. The ramifications of this oversight had a detrimental impact on the collections long-term survival. Little consideration was given to the final hanging position of the art works and many were hung in direct sunlight. By the time the University of Western Sydney team began to catalogue the collection in 2005, the ink on many of the art works had been bleached into oblivion. The concept of hanging an art work over each bed had proven disastrous. Patients complained they could not see the art without twisting round in their bed and often a proliferation of get well cards, vases of flowers and general medical equipment hid the art works from public view. Many corridors that linked the various wards and treatment areas of Westmead remained bare or were occasionally punctuated by graphic medical posters. The art competition and the works it acquired had failed to bring the art world to Western Sydney and failed in one of its original briefs; to reduce the clinical atmosphere of the hospital.

The subject matter of many art works also proved a problem, and over the years many art works were removed by nursing staff due to the distress their imagery caused patients and staff. During the 2005 cataloguing process the researcher was constantly told stories of art work removals, including one work showing a fish wrapped in barbed wire, that had distressed many in the hospital's maternity ward (this particular art work has never been located).

One of the greatest injustices done to the collection was its unsupervised hanging by the hospital's maintenance department. Many art works were not securely attached to the wall and little consideration was given to the appropriateness of hanging locations. Subsequently a print

illustrating a large menacing spider was exhibited outside the hospital's library, a curled snake found its way onto the walls of the maternity department and a print of a manic jester was hung in an outpatients' waiting area (See. Fig. 1-6).<sup>68</sup> A large number of the original prize entries have been lost during hospital renovations, many reportedly thrown into the rubbish skips along with the building rubble due to the common misconception among staff that the prints were cheap, disposable reproduction prints, discarded like wallpaper. This misunderstanding of the value of the prints was exacerbated by the absence of basic museum curation practices such as information labels, naming the artist and identifying production methods. Many problems could have easily been overcome if the collection had been professionally curated and maintained.

When the collection was formally catalogued in 2005, only 150 art works from the original collection of over 400 works, remained in-situ at Westmead. The surviving 150 artworks were found hidden in store rooms or wedged behind office doors, covered in dust and many with broken glass. Most prints were in a state of decay, due to continual exposure to sunlight or water damage. The works were framed by the committee with cheap non-archival materials without mounts and the chipboard backing leached chemicals into the paper art works causing the prints to spot and discolour.<sup>69</sup> The collection, once promoted as a chance for Western Sydney to procure an art collection of national significance, had over the decades metamorphosed into decayed wall-paper, unseen and forgotten (See Fig. 1-7). Many of the art works were forced to compete for space exhibited next to graphic medical posters and directional signs, creating a jumbled and often disturbing, decorative element.

Yet, despite the unique nature of this collection it failed to gain wide public acknowledgement outside the walls of Westmead. The Art Committee's idealised notion of creating a nationally

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<sup>68</sup> This work of art was still in-situ outside the hospital's teaching library in 2013.

<sup>69</sup> "Westmead Print Prize 1979". Condition of entry, No. 3, "Prints must not be framed but should be adequately protected to prevent damage in transit".

significant art collection was never realised and bit by bit the art works contained in cheap frames in various locations throughout the hospital became shadows. It meant this collection lay dormant, overlooked by hospital administrators, government funding bodies and even the committee who had established it. For nearly three decades this large public art collection, partly purchased with public funds and representing a host of well-known Australian artists, hung as a form of dormant wallpaper upon the walls of Westmead Hospital.



**Image of a curled snake originally exhibited over a bed in the maternity ward.**





Figure 1-6 selection of competition entries illustrating the absence of consideration given by the Art Committee to the subject matter of the artworks. These works were eventually hung within numerous public areas of Westmead. S. Barclay 2005

The fate of this art collection reflects the often perilous position of art works exhibited outside the secure formal art world, when they are not regularly curated and catalogued. The cataloguing process undertaken in 2005 and the later contracting of a professional art management company has still not ensured the remaining art collection's survival within the hospital. ICS (International Conservation Services) were contracted by Sydney West Area Health Services to manage the hospital's remaining art collection in 2010. Despite the holding of three additional art competitions ICS has been unable to procure ongoing funding to restore and enlarge Westmead's existing collection. However they have been successful in establishing temporary exhibition spaces along several main through-fares. These spaces have enabled local artists to exhibit and sell their work, if they agree to donate a small percentage of any sales profits to the hospital. This temporary space has enabled the hospital's administration the luxury of exhibiting original art without the incurring maintenance costs or having to store a large permanent art collection.

Sadly many of the remaining original competition art works are entombed in archival boxes, as their subject matter is considered unsuitable for the contemporary hospital environment, whilst a large number are too damaged to remain on display. It is a sad outcome for a competition conceived to create a public art collection, freely accessible to the wider community beyond the concrete walls of the hospital.

The Westmead Print Prize was established as an inaugural competition. Unfortunately, the cost and time needed to operate a major city teaching hospital ensured any attempts to hold another competition were forgotten as quickly as the original art competition. In hindsight the original critics of the competition were justified, in light of the evaporation of this substantial art collection and this draws on the thesis question of what happens to art in hospitals when it is not the main game.





**An original Westmead Art Prize entries hidden behind bins and obscured by medical posters.**



Figure 1-7. The above photographs were taken in various locations throughout Westmead and illustrate how the artworks acquired through the competition have become obscured over the years by an ad-hoc collection of signage, office furniture and medical posters. S. Barclay 2009

## Chapter 2

### A young army of aesthetic decorators

“He talks of brass dishes, blue plates, old armour and goodness know what. If he had his own way he would probably line every ward with MORRIS’S paper, and startle the sick with the yellow pomegranate or the blue daisy...if the young army of aesthetic art decorators is turned loose upon our hospitals the Coroner may have to step in and account for some instances of sudden death”.<sup>1</sup>

This chapter shall evaluate why the writings of nursing reformer Florence Nightingale and her contemporaries had such a powerful influence on the internal decoration of hospital wards from the 1850s onwards. In 1877 Dr. Julius Lawrence-Hamilton shocked his contemporaries with his choice of hospital decorations which included dust-attracting items such as dishes and old armour displayed against a backdrop of dark painted walls. His suggestions to include these decorative items in contemporary hospital were not the accidental whims of a frustrated interior designer. Nor was it a directive of nursing reformer Florence Nightingale but the result of hospital reform in medical, social and architectural policies.<sup>2</sup>

For decorations and artworks to embellish hospital walls, a network of national institutions to treat human ailments had to be established. This involved substantial reforms to existing

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<sup>1</sup> Lawrence-Hamilton, J, *The Era*, February 4,1877.

<sup>2</sup> Helmstadter, Carol, and Judith. Gooden. *Nursing Before Nightingale, 1815-1899*, According to Helmstadter and Gooden, nurses trained in positions of authority general came from the higher social economic sections of society. Matrons or sisters were educated women from wealthier, middle class families.

workhouse institutions, sanitation practices and medical care, in America, Australia and Britain during the latter half of the 19<sup>th</sup> century. For the first time in the history of the modern hospital, art and decorations were used to improve the morale of both patients and staff. However, these new decorative elements differed greatly from the vast didactic religious-themed frescos of the Renaissance period. Instead, cheap domestic decorations were used to embellish Victorian era hospital wards, with a profusion of framed prints, bric-a-brac, pot plants and soft furnishings, all chosen to create a sense of domestic comfort. This trend towards decorations visually signified the separation of hospitals of the mid-19<sup>th</sup> century from their much maligned workhouse predecessors.

### ***Nightingale and architectural changes in hospital design***

The gradual demise of workhouse institutions during the late 19<sup>th</sup> century coincided with the professionalising of various medical bodies.<sup>3</sup> Various medical professions assisted in helping to develop the basic model that transformed workhouses into hospitals, established to care and treat patients in a safe, clean environment. But how could an institutional system of care, previously renowned for inhuman treatment of its inmates, be transformed into an appealing environment of medical care?

Until the formation of contemporary hospitals, patients with sufficient funds were treated at home, within a familiar, comfortable environment, while others faced the uncertainty of the

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<sup>3</sup> Crowther, "Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service before 1914," 33-54. Crowther, noted that in 1868 attempts were made to improve the role of medical officers in work houses and the emerging hospitals by improving pay and the creation of professional medical bodies.

workhouse or cottage hospital.<sup>4</sup> One solution in creating an appealing hospital environment lay in reproducing the domestic comforts of home in a hospital ward. The credit for establishing guidelines on how to create such a welcoming domestic environment, has for decades been incorrectly attributed to nursing reformer Florence Nightingale. Those working within the contemporary Arts in Health movement has steadfastly cited Nightingale's comments in *Notes in Nursing* as primary evidence to support the installation of original art in a range of hospital environments.<sup>5</sup>

Historically acknowledged as a brilliant statistician, Nightingale was among the first to use statistical evidence to support her proposed reforms across a wide range of health care initiatives,<sup>6</sup> including major hospital infrastructure reforms.<sup>7</sup> Best known for her nursing reforms, Nightingale established a professional nurse training school at St Thomas Hospital in London.<sup>8</sup> It was her belief that professionally trained nurses would remove the occupation's past stigma, where workhouse nurses were identified as prostitutes or women of low moral character.<sup>9</sup> Her earlier writings focused on improving hospital design and sanitation infrastructure within the British army to reduce the high mortality rates of soldiers during times of conflict and peace.<sup>10</sup>

During the 19<sup>th</sup> century Nightingale and her medical contemporaries believed disease transmission and infection was the result of the 'miasma theory'. This idea theorised that illness

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<sup>4</sup> Sloane and Sloane, *Medicine Moves to the Mall*, 8. Sloane quotes Dr. W G Wylie's comment from 1877 about the reluctance of many to receive hospital treatment during the late 19<sup>th</sup> century: "It would be a move in the wrong direction to offer an inducement to the sick either poor or rich, to leave their homes and enter a hospital to be treated".

<sup>5</sup> Nightingale, *Notes on Nursing: What It Is, and What It Is Not*. These include founder of the British *Arts in Health* movement Peter Senior, author on American hospital building history David Charles Sloane and British amateur historian and surgeon Dr. Jeremy Hugh Baron.

<sup>6</sup> Cohen, "Florence Nightingale," 132. During the Crimean War Nightingale kept statistical data on all aspects of the hospital including death rates and causes. This information was later used to support her arguments to the British government calling for dramatic changes of the design of military and civilian hospitals.

<sup>7</sup> Nightingale, Florence. *Notes on Hospitals*.

<sup>8</sup> Nightingale, *Notes on Nursing: What It Is, and What It Is Not*.

<sup>9</sup> Longmate, *The Workhouse*, 201. Longmate noted many workhouse nursing staff were untrained inmates paid for their duties with an "allowance of beer or gin, which aid[ed] their too common propensity to intoxication".

<sup>10</sup> Nightingale, *Mortality of the British Army: At Home, at Home and Abroad, and During the Russian War: A Comparison with the Mortality of the Civil Population in England*.



or “disease had attributed sickness to noxious gases which rose from decaying organic matter such as produced by swamps and human refuse”.<sup>11</sup> The basic principal of the theory was that diseases were transmitted through stale toxic air.<sup>12</sup> Nightingale held germ transmission theory responsible for the high mortality rates she witnessed while nursing at the field hospital in Scutari, Turkey during the Crimean War (1853-1856).<sup>13</sup> To support her theories, Nightingale drew on statistical information collated during the Crimean conflict. She theorised that insufficient sewage systems combined with an absence of fresh air and natural sunlight in wards created a highly toxic and lethal hospital atmosphere.<sup>14</sup> To overcome these sanitation issues and stop the spread of the deadly ‘miasma’ particles, Nightingale proposed radical changes to the management and architectural design of military and civilian hospitals. This new architectural template was known as the pavilion style hospital. Its wards were large and light-filled, branched off long central corridors, all of which were accessed through a central administration area.<sup>15</sup> The pavilion design included long windows, placed on each side of the hospital ward for cross-air ventilation and enhanced natural light, and became known as ‘Nightingale Wards’ design (See Fig. 2-1).<sup>16</sup>

Nightingale insisted that the central space in each ward be kept clear of physical obstructions, so nursing staff could easily observe patients from their desks. The pavilion design was introduced

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<sup>11</sup> McClary, "Germs Are Everywhere: The Germ Threat as Seen in Magazine Articles 1890-1920,"20.

<sup>12</sup> Kearns, "Private Property and Public Health Reform in England 1830–1870,"190. To address these issues of poor sanitation Chadwick’s introduced key infrastructure reforms designed to reduce pollution through the removal of open sewers and to improve air quality in an attempt to reduce high mortality rates in urban areas.

<sup>13</sup> Gill and Gill, "Nightingale in Scutari: Her Legacy Re-examined," 1799-1805.

<sup>14</sup> Nightingale, *Notes on Hospitals*.

<sup>15</sup> Sloane and Sloane, *Medicine Moves to the Mall*, 24. The relocation of hospitals into the country was not always practical in the rapidly expanding industrial cities of Britain, North America and Australia. However, in the American state of New Hampshire, the Mary Hitchcock Memorial Hospital was constructed in open fields surrounded by woodlands.

<sup>16</sup> *Ibid.*, 44. According to Sloane and Sloane, Nightingale drew inspiration for her pavilion style hospital from the French king, Louis XIV ‘pavilion pleasure houses’ built at Marly around 1695. Rosenfield, *Hospital Architecture and Beyond*, 25. Rosenfield, implies Nightingale developed her designs for the pavilion ward based on those she saw at the Lariboisier Hospital in Paris.

in various forms in America,<sup>17</sup> and on a small scale in Australia, during the latter half of the 19<sup>th</sup> and early 20<sup>th</sup> centuries (See. Fig. 2-2)<sup>18, 19</sup>.

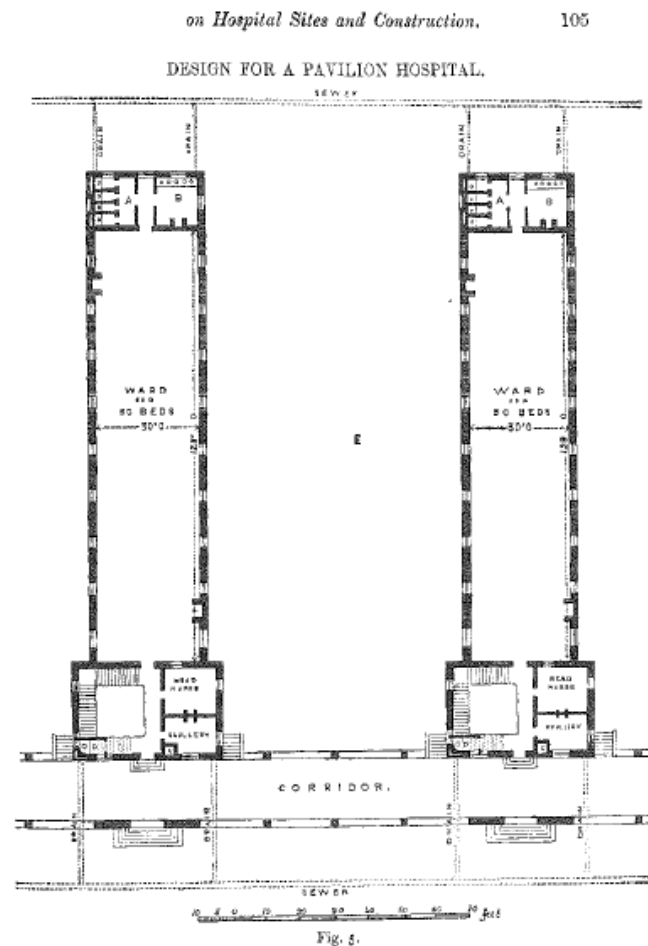


Figure 2-1 Nightingale's design for the pavilion style hospital, from Florence Nightingale's, *Notes on Hospitals* (London: John W. Parker and Son, 1859) 105.

<sup>17</sup> Rosenfield, *Hospital Architecture and Beyond*, 26. Rosenfield notes the first pavilion style hospital built in America was The Johns Hopkins in Baltimore opened in 1890.

<sup>18</sup> *Ibid.*, 26. The Johns Hopkins Hospital, according to Rosenfield, copied Nightingale's original pavilion design template.

<sup>19</sup> Sloane and Sloane, *Medicine Moves to the Mall*, 16. David and Beverlie Sloane argue the pavilion plan was created from the original design commissioned from John Shaw Billings and John Niernsee for the Johns Hopkins Hospital, built from 1875 to 1885, six years after the publication of Nightingale's, *Notes on Hospitals*.



Figure 2-2 Photograph of a Victorian era hospital wards, shows how the central space was used and decorated by nurses and patients. Source Kings Trust London.  
<http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital> (accessed January, 20 2014).

Nightingale's influence on the nursing profession was not restricted to Britain; nurses trained under her system were despatched to America and Australia; to improve hospital conditions and establish professional nursing training schools.<sup>20</sup> The Nightingale hospital ward design and management regime became the standard for hospitals during the latter half of the 19<sup>th</sup> century in all three countries.<sup>21</sup>

### ***Nightingale – the unintentional advocate for arts in health***

Among the substantial hospital reforms attributed to Nightingale, was the improvement of patient well-being through the creation of a pleasant ward environment. So prolific were her writings, in particular *Notes on Nursing*, that by the late 20th century she was cited as primary evidence to support the fledgling *Arts in Health* movement.<sup>22 23</sup> This movement used various artistic mediums to improve patient and staff wellbeing and shall be discussed in Chapter 9. One of the movement's founding members, Peter Senior, used her writing as evidence to support the display of original art in hospitals from the 1970s onwards.<sup>24</sup> Hathorn and Nanda's 2008 report on the value of art in hospital environments referred to Nightingale's *Notes on Nursing* as a 'prominent pre-cursor to the art initiative in hospitals today'.<sup>25</sup>

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<sup>20</sup> MacDonnell, *Miss Nightingale's Young Ladies: The Story of Lucy Osburn and Sydney Hospital*. Biography. Lucy Osburn, Nightingale's envoy to Australia, arrived in Sydney with five British nurses to establish professional nursing practices and training in Sydney in March 1868.

<sup>21</sup> While Nightingale was not the only designer of the pavilion style hospital, for the purpose of this thesis, Nightingale has been used, as her writing has been widely published and is still quoted as primary evidence to support the installation of decorations and art in hospital environments.

<sup>22</sup> Hathorn and Nanda, "A Guide to Evidence-Based Art," 4. K Kerfoot and T Neumann, "Creating a Healing Environment: The Nurse Manager's Challenge," 423-423; Sloane and Sloane, *Medicine Moves to the Mall*, 96; Senior and Croall, *Helping to Health: The Arts in Health Care*, 4.

<sup>23</sup> Kerfoot and Neumann, "Creating a Healing Environment: The Nurse Manager's Challenge," 423-423. Sloane and Sloane, *Medicine Moves to the Mall*, 96; Senior and Croall, *Helping to Health: The Arts in Health Care*, 4.

<sup>24</sup> *Helping to Health: The Arts in Health Care*, 4.

<sup>25</sup> Hathorn and Nanda, "A Guide to Evidence-Based Art," 4. *Notes for Nursing* was first published in America in 1860 in the same publication as her *Notes on Nursing* first published in England in 1859.

From her detailed descriptions of patient care, one particular piece was chosen to represent the *Arts in Health* movement's core objective of using art to reduce the clinical appearance of late 20<sup>th</sup> century contemporary hospitals.

“Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery. But it must be the slow variety, *e.g.*, if you shew a patient ten or twelve engravings successively, ten-to-one that he does not become cold and faint, or feverish, or even sick; but hang one up opposite him, one on each successive day, or week, or month, and he will revel in the variety.”<sup>26</sup>

Was Nightingale actually suggesting the installation of visual artworks opposite a patient's bed? Firstly, it would have been physically challenging to install any form of decoration or original art works on Nightingale's preferred hospital wall surfaces of “pure white non-absorbent cement or glass, or glazed tiles”.<sup>27</sup> Secondly, Nightingale suggested any image should be hung directly in front of the patient and changed on a regular basis, a difficult task within the pavilion style hospital ward (See. Fig. 2-3).

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<sup>26</sup> Nightingale, *Notes on Nursing: What It Is, and What It Is Not*, 34.

<sup>27</sup> *Ibid.*, 51.



**Figure 2-3 Hospital ward in the early 20th century, decorated with domestic size framed art works. Photograph illustrates how it would have been impossible to hang any decoration in front of the patients' bed in a Pavilion hospital ward. Source Kings Trust London. <http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital> (accessed January 20, 2014).**

The pavilion wards were constructed as one, single, long room, with the two outside walls featuring large windows to allow in maximum sunlight and fresh air. Beds were lined up along each of these external walls, leaving the centre of the ward as an open space for a nurse's desk and sitting area for patients.<sup>28</sup> The pavilion design meant there was no actual wall space to hang an art work at the foot of a patient's bed, unless the art work was suspended from the ceiling and dangling in the middle of the wards, effectively turning the ward into an obstacle course. Thirdly, it would not be an art work but a reproduction print hung on the ward walls during the late 19<sup>th</sup> century. These images were often colourful prints cut out from newspapers or magazines of the era and not expensive original works of art.<sup>29</sup> Finally, any art installed in a

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<sup>28</sup> Prior, "The Architecture of the Hospital: A Study of Spatial Organization and Medical Knowledge," 94.

<sup>29</sup> Godfrey, "Line Engraving." In *The Oxford Companion to Western Art*.

hospital ward would have been subjected to the rigours of Nightingale's sanctioned cleaning regime. This involved using hot water and highly corrosive carbolic acid to produce a toxic chemical agent guaranteed to render any original art work worthless, as the chemicals would eventually erode oil paint and dissolved varnish.<sup>30</sup>

Yet Nightingale did not write *Notes on Nursing* as a manual for professional nursing.

It was written, as Woodham-Smith eloquently suggested, as a “witty” little book to provide practical information for women caring for the sick in their own home.

“Notes on Nursing was intended to make the millions of women who had charge of the health of their children and their households ‘think how to nurse’...”<sup>31</sup>

*Notes on Nursing* did not sanction the inclusion of decorative items in hospital wards, yet it is easy to understand why her writings have been applied to hospital institutions. Inadvertently, to modern readers, Nightingale was describing a clinical 1960s hospital environment, with her preference for walls of glazed tiles, and not one from the Victorian era, where wards often resembled domestic sitting rooms, with the central space decorated with potted plants, comfy chairs, tables and framed prints.<sup>32</sup> Such domestic items would have decorated Nightingale's own

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<sup>30</sup> Halliday, "Death and Miasma in Victorian London: An Obstinate Belief," 1469-1471. The toxic properties of carbolic acid were considered a vital cleaning agent to rid wards of the deadly miasma particles, which many 19<sup>th</sup> century medical professionals believed was responsible for disease transmission. Miasma was also held responsible for causing cholera epidemics, as the disease was transmitted by “rotten corpses, the exhalation of other people already infected, sewage or even rotting vegetation”. 1469.

<sup>31</sup> Woodham-Smith, *Florence Nightingale 1820-1910*, 269.

<sup>32</sup> Sister Flora, "Correspondence," 107. A letter sent to the Editor of the journal provided the following account of how to care for pot plants in hospitals. “Pot plants should be sufficiently large; then each night, placed in the bath or day room – and if of the fern tribes they must be hardy specimens – well watered, and they will generally be found quite fresh in the morning. Palms and India-rubber plants, which are the most serviceable ward decorations, should have each leaf carefully sponged every morning, and returned to the ward clean and free from dust”.

bedroom, while she recovered from serious illness contracted during the Crimean conflict.

Woodham-Smith argued Nightingale was more interested in reforming hospital sanitation issues than hanging art works on walls. Yet Nightingale was against the growing trend to paint hospital walls “dark green...which was becoming popular in hospitals” and had a preference for hospital walls painted the “palest possible pink”.<sup>33</sup>

Photographs of hospital wards from the late 19<sup>th</sup> and early 20<sup>th</sup> centuries contradicted Nightingale’s directives for tiled ward walls and show wards decorated with a plethora of domestic decorations. Generally the floors were bare boards and the central sitting area for patients was decorated with soft furnishings and pot plants.<sup>34</sup> These homely touches included framed prints from popular publications of the era, including *The Graphic* illustrated newspaper published in London from 1869-1932.<sup>35</sup> *The Graphic* was popular for its high quality sepia and colour ‘chocolate box’ printed illustrations of sublime landscapes and emotive narrative scenes both popular subject matters of the Victorian era (See. Fig. 2-4).<sup>36</sup>

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<sup>33</sup> Woodham-Smith, *Florence Nightingale 1820-1910*, 267.

<sup>34</sup> "The Sick," *The Los Angeles Times*, May, 28, 1888. The article described the domestic atmosphere of a ward in a Los Angeles hospital during the late 19<sup>th</sup> century: “The windows are curtained, pictures hang upon the walls, and the whole appearance is more like home than a hospital”.

<sup>35</sup> "The Northern Hospital," *Liverpool Mercury*, January, 13, 1864. The article reported that the hospital would happily accept ‘prints’ to provide a ‘cheerful aspect’ to the ‘walls of the wards’.

<sup>36</sup> British Library, "British Newspapers 1800-1900- Graphic".





Figure 2-4 Colour plate from the 1887 Christmas edition of *The Graphic* newspaper, provides an example of the 'chocolate box' prints displayed within hospital wards during the Victorian era. Source British Newspapers 1800-1900, British Library.

Some wards contained leafy pot plants and flowers, all added to bring a variety of colour to the environment and produce an atmosphere of domestic comfort for patients.<sup>37</sup> Medical treatment may have been rudimentary but as the photographic evidence shows, nurses took great care to ensure the patients' surroundings induced a small "air of comfort" and domesticity, far removed from the austerity of earlier workhouse interiors.<sup>38</sup>

<sup>37</sup> "The Sick," *Los Angeles Times*, May 28, 1888. The article outlines the care taken by hospital staff to ensure the wards were comfortable for patients, including the use of good furniture and carpet runners.

<sup>38</sup> "A Visit to the Royal Free Hospital," *The Morning Chronicle*, March 30, 1858.

These arguments may seem a trivial deconstruction of Nightingale's original notes however, she never suggested the installation of original art into hospital wards. Her reflections on patient care in *Notes on Nursing*, were written from her personal experience of being confined to a sick room for months due to illness, and any patient who viewed "beautiful objects, of variety of objects and especially of brilliancy of colour" was relieved of the monotony of being confined to bed.<sup>39</sup> Nightingale understood that patients needed some form of visual stimulation, whether it was a view of the sky, or flowers, while in their sick bed. This was especially so for a patient confined to a bedroom at home, isolated from the rest of the household. Rather than being an advocate for installing domestic comforts in hospital environments, Nightingale had described ways of creating an ideal home nursing environment.

The few sentences Nightingale wrote on decorative elements for sick rooms have been dogmatically cited as historical evidence to support the contemporary *Arts in Health* calls for the installation of original art in hospitals. Ironically, it appears that historians including Dr. Baron used Nightingale as primary evidence to support introducing colour and visually stimulating objects into wards, while overlooking her preference for "shiny white surfaces" or 'pale pink walls" for hospital interiors.<sup>40</sup> These preferences have been systematically disregarded and omitted by those who use *Notes on Nursing* to support the exhibition of original art in hospital environments.<sup>41 42</sup>

Nightingale's critics have admonished her over the decades for a strong, unwavering belief in the out-dated miasma theory of disease transmission. Regardless, her writings, rightly or wrongly,

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<sup>39</sup> Nightingale, *Notes on Nursing: What It Is, and What It Is Not*, 33.

<sup>40</sup> Baron, Jeremy Hugh, Megan Hadden, and Midge. Palley. "St Charles Hospital Works of Art," 33.

<sup>41</sup> Kerfoot and Neumann, "Creating a Healing Environment: The Nurse Manager's Challenge," 423.

<sup>42</sup> Homicki, Beth, and Eileen K. Joyce. "Art Illuminates Patients' Experiences at the Massachusetts General Hospital Cancer Centre," 112.

have provided historical debate around the installation of art in hospitals. Many of her publications including *Notes on Nursing* have remained in print since their original 1859 publication in Britain, America and Australia. Unwittingly Nightingale was credited with starting the notion of enhancing patient wellbeing through the presence of original art works. Yet there are earlier examples of nurses and philanthropists promoting the introduction of decorative elements into hospital wards.

### ***Art in hospitals before Nightingale***

An early account of a growing trend to place decorative elements in hospitals was published in an 1858 edition of *The Morning Chronicle*. This article described the array of domestic comforts installed in one British hospital ward:

“The plain chair, the little deal table, the books by each bedside, the pictures over – head all tend to give each division an air of comfort, of cleanliness and home.”<sup>43</sup>

The abovementioned decorating style reflected domestic bedroom setting of the era and illustrated how a room’s appearance could be enhanced through the addition of “artistically arranged” fresh flowers.<sup>44</sup> For the aptly named Sister Flora, flowers also created the ideal “sick room” atmosphere.<sup>45</sup> From 1864 numerous articles began to appear in leading British, American and Australian medical journals and newspapers describing the installation or donation of art and domestic decorations to hospitals.<sup>46</sup> In 1868 two articles were published in *The Lancet* and *The*

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<sup>43</sup> "A Visit to the Royal Free Hospital," *The Morning Chronicle*, March 30, 1858.

<sup>44</sup> Flora, "Correspondence," 107.

<sup>45</sup> *Ibid.*, 107.

<sup>46</sup> "The Northern Hospital; "The General Hospital," *Birmingham Daily Post*, September 20, 1866. "Presentation of Pictures to Guy's Hospital," 425. "Pictures in Guy's Hospital," 306-307. Smith, "Pictures for Hospitals," 485. "New

*British Medical Journal* detailed the donation of 10 pictures to Guy's Hospital in London by artist John Absolon.<sup>47</sup> Absolon had donated the works in response to a public call to "decorate" London's hospitals.

"They would only look like mere holes in the wall to a poor fellow on his back, and he thought he should be able to some extent divert the mind of the patient and help the doctor if he set to work and decorated at least one ward, trusting that his example might be followed by others and worthier pencils."<sup>48</sup>

An absence of archival data has made it hard to substantiate where the call to "decorate" originated, but the article provides primary evidence of public willingness to provide art works as decorations to hospital wards.<sup>49</sup>

While the notion of installing original art into hospitals appeared to be the perfect way to "brighten many an eye, and gladden many a heart" there was the problem of cleaning.<sup>50</sup> The article further described how Absolon's works had been "well amalgamated with gum so as to render the effect of smoke and dust innocuous to them" and sandwiched between two sheets of glass for protection.<sup>51</sup> Considering many wards were heated by coal fires and large windows allowed in light and copious amounts of soot-filled air from industrial factories and domestic coal fires surrounding the hospitals, a constant barrage of soot would have coated all internal

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York Artists," *The Chicago Tribune*, November 27, 1870. "Pictures in a Hospital Worthy Example for the Ladies," *The New York Times*, April 2, 1871.

<sup>47</sup> "Presentation of Pictures to Guy's Hospital," 425.

<sup>48</sup> *Ibid.*, 425.

<sup>49</sup> In 2010 I interviewed the assistant curator of the Guy's and St Thomas' Hospital in London however, she was unable to locate any reference to the Absolon artworks in their current collection. Personal contact with the British Royal Academy of Arts in 2011 also has failed to produce any information on the fate or location of these large works.

<sup>50</sup> "Pictures in Guy's Hospital," 307.

<sup>51</sup> "Presentation of Pictures to Guy's Hospital," 425.

hospital surfaces.<sup>52</sup> This constant influx of dust and grime meant nurses were constantly cleaning everything in the wards with the Nightingale-sanctioned mixture of water and carbolic acid. Regardless of how much “gum” was coated on an original artwork, external cleaning agents would have eventually eroded the oil paint and canvas, rendering the art works visually and financially valueless.

In 1877 a report in *The London Times* announced Mr Graves of Pall Mall had donated pictures to hospitals for 20 years, suggesting the practice had begun as early as the 1850s and was a well-established practice 10 years before Nightingale’s publication.<sup>53</sup> But the problems associated with accepting original artworks were voiced by an unknown nurse in *The Nursing Record & Hospital World* journal in 1899 who wrote:

“We should strongly deprecate the introduction into our hospital wards of valuable pictures which must be preserved, and which cannot be submitted to the cleaning and scrubbing processes to which every inch of a hospital should be frequently and rigidly subjected.”<sup>54</sup>

This article highlighted the plethora of issues created when original artworks were hung within environments not designed for the exhibition of art, nearly 100 years before Westmead Hospital procured their art collection. The acceptance of original art as decoration became a major issue during the early 20<sup>th</sup> century. When past decorative pieces such as hand-painted picture tiles (shall be discussed in chapter 4) became items

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<sup>52</sup> "The Decoration of Wards," 685.

<sup>53</sup> Grabham, W, G, "Art in Hospitals," *The Times*, February 12, 1877.

<sup>54</sup> "Hospital Decoration," 207. Roberts-Austen, Florence M. "Notes on Art.". Both authors provide an overview of different countries’ artistic traditions, including western and eastern perspectives on art. The article shows that nursing journals were providing background information on various art movements and highlighted the apparent general interest in art within the nursing profession.

of significant heritage value. The simple framed reproduction print may not have produced the sublime visual qualities of Absolon's oil-painted landscapes, but they were easily replaced.

Nightingale's writing became the standard historical reference for advocates of art installations in hospitals during the latter half of the 20<sup>th</sup> century, but in the context of art in hospitals she played a minor role in dictating the medium of decorations used to embellish ward interiors. In her later works Nightingale focused on attempting to reform public health infrastructure for an entire nation, a project which, when combined with her continuing ill health. This left her little time to be concerned about exhibiting original art works in hospital wards.

### ***A call to decorate hospital wards beyond Britain***

A lack of hospital services in the frontier countries of America and Australia meant most people continued to receive medical treatment in their homes well into the 20<sup>th</sup> century. This practice resulted in a significant gap in the research literature into how hospitals were decorated in both countries, apart from isolated accounts of art donations published in newspapers and limited photographic evidence. In America during 1871, *The New York Times* reported a donation of 41 lithographs to the Bellevue Hospital from Virginia D Attwood who wished "that the sight of these pictures would make the sick for a moment forget their sufferings".<sup>55</sup> A hospital representative was noted as gratefully accepting the donation of the artworks, and appealing for more art to fill the many blank walls in need of "bright pictures". No evidence has been found

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<sup>55</sup> "Pictures in a Hospital Worthy Example for the Ladies," *The New York Times*, April 2, 1871.

to confirm whether the hospital's requests for additional artworks were met. Neither is there evidence to document what happened to the original 41 works donated by Attwood.

From 1879-1898 a number of newspaper reports called for pictures to be donated towards the establishment of a Picture Mission, to distribute paintings to hospitals across America.<sup>56</sup> It was suggested the program could operate in conjunction with the Flower Mission. The Flower Mission was a branch of the Women's Christian Temperance Union (WCTU) which operated across America, Britain and Australia and delivered donated flowers to hospitals, institutions and homes. The activities of the Flower Mission received regular coverage in medical journals and newspapers however no evidence has been found to suggest a Picture Mission was established. Chapter 3 shall provide a detailed account of the global operations undertaken by the WCTU-run Flower Mission.

Despite a growing body of evidence from British sources and a limited indication from American newspapers, no reports have been traced indicating Australian hospitals were actively receiving decorations or donated art works during the late 1800s. Nightingale's influence on nursing and hospital management practices had reached Australia by the 1870s. In March 1868 Nightingale's envoy to Australia, Lucy Osburn, had arrived in Sydney with five nurses to establish professional nursing practices at the Sydney Hospital.<sup>57</sup> The first inkling of an interest in using art to decorate Australian hospitals was not published until December 1877, in a syndicated article from the British *Daily Telegraph*, published in *The Argus*, aptly titled *Art in*

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<sup>56</sup> "City and Suburban News," *The New York Times*, January 25, 1879. "Pictures for the Hospitals," *The New York Times*, May 24, 1887. "Pictures for Hospitals," *The Pittsburg Press*, September 1, 1898.

<sup>57</sup> Godden, *Lucy Osburn, a Lady Displaced: Florence Nightingale's Envoy to Australia*, 84.

*Hospitals*.<sup>58</sup> This article admonished the British Empire's Colonial and Foreign Secretary, Lord Derby, for omitting hospitals as a possible location for art exhibitions during a speech he made in Liverpool, England, on the historical relationship between arts in public buildings.

“He did not stop to consider whether we make what use we might of our artistic opportunities. Of course we do not: and glaring instances of this will at once occur to most of us. The most distinctive buildings of our age are, on the whole, our great hospitals, and yet we have done almost nothing to beautify them internally”.<sup>59</sup>

The article showed a strong public concern about the physical appearance of British hospital wards, no mention was made of specific decoration trends operating in Australian hospitals.

Although an 1881 sketch of a Nightingale ward at the Melbourne Hospital showed walls decorated with framed prints, hung between each window (See. Fig. 2-5). The artist may have added the pictures to create an idealised ward atmosphere. A large number of photographs viewed for this study show an absence of decoration in Australian hospitals of the era.

Photographs at Gundagai Hospital in 1887 and the Women's Surgical Ward at Sydney Hospital in 1895 show a minimal approach to decorating as opposed to the excesses of their British counterparts (See Fig. 2-6 and 2-7). With an absence of documentary evidence calling for or describing hospital decorations, it can be argued Australian hospitals took an austere approach to decorating during the late 1800s.<sup>60</sup>

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<sup>58</sup> "Art in Hospitals." *Sydney Morning Herald*, December 1, 1877. This article was published in response to a public address made by Lord Derby in Liverpool, England in 1877. It discussed the value of educating people about art and how this would assist in developing society. Another syndicated version of the same report titled, "Lord Derby on Art Progress," *The Sydney Morning Herald*, December 1, 1877. This report discussed the growing interest in installing art in homes and public buildings since the Great Exhibition, held at Crystal Palace in 1851, and the Great Exhibition of London in 1862. These two major exhibitions, combined with the improved mass printing techniques developed during the industrial revolution, enabled people to purchase cheap quality prints of well-known art works to decorate their homes.

<sup>59</sup> "Art in Hospitals," *Sydney Morning Herald*, December 1, 1877.

<sup>60</sup> Hyslop, *The Aim in View: A Pictorial Guide to the History of Ballarat Base Hospital*. A number of photographs of various wards at Ballarat Base Hospital in 1918, which show bare walls and the only decorations either a bowl of flowers or a pot plant, displayed on a table in the centre of the wards. 12-13.



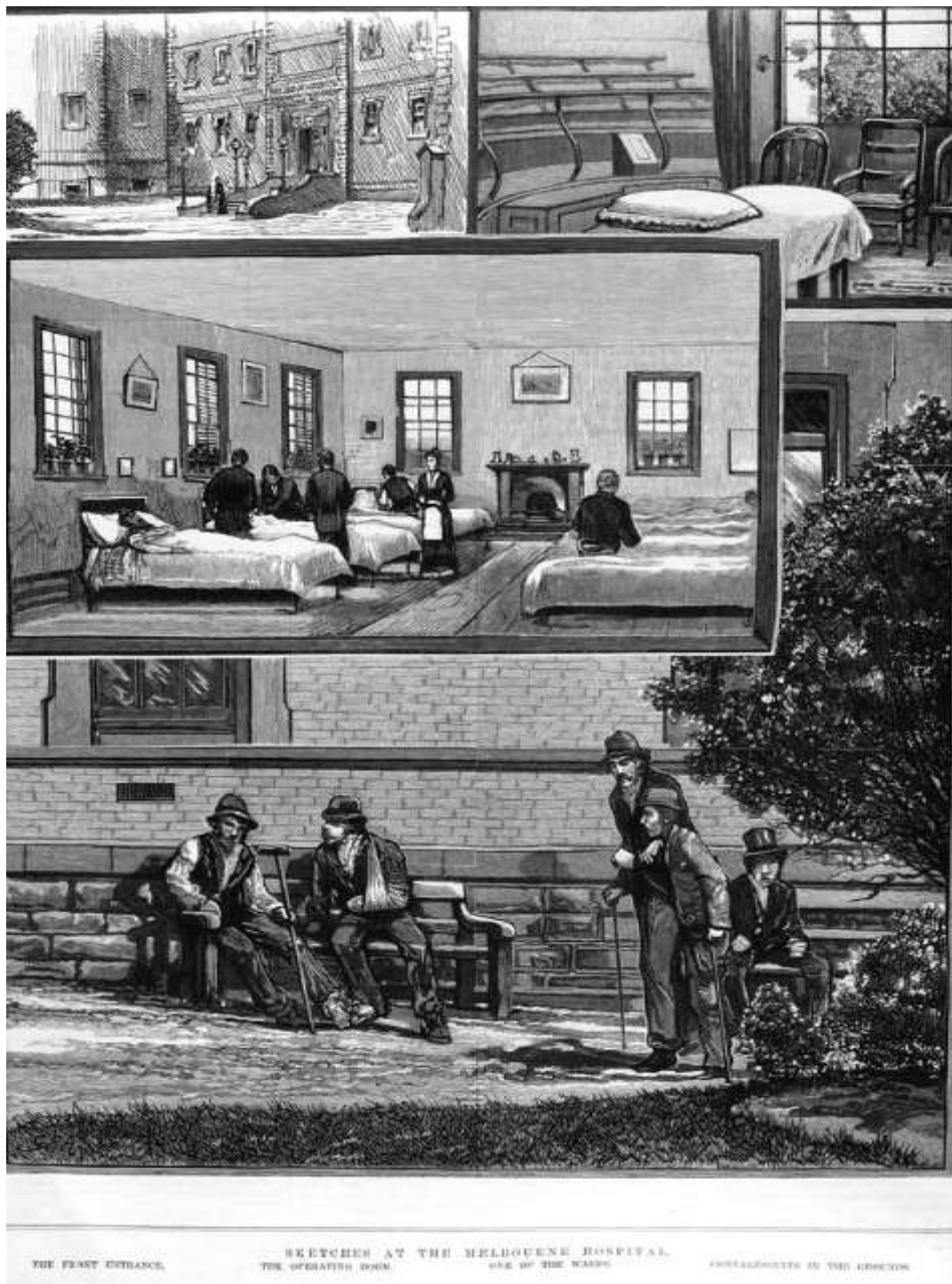
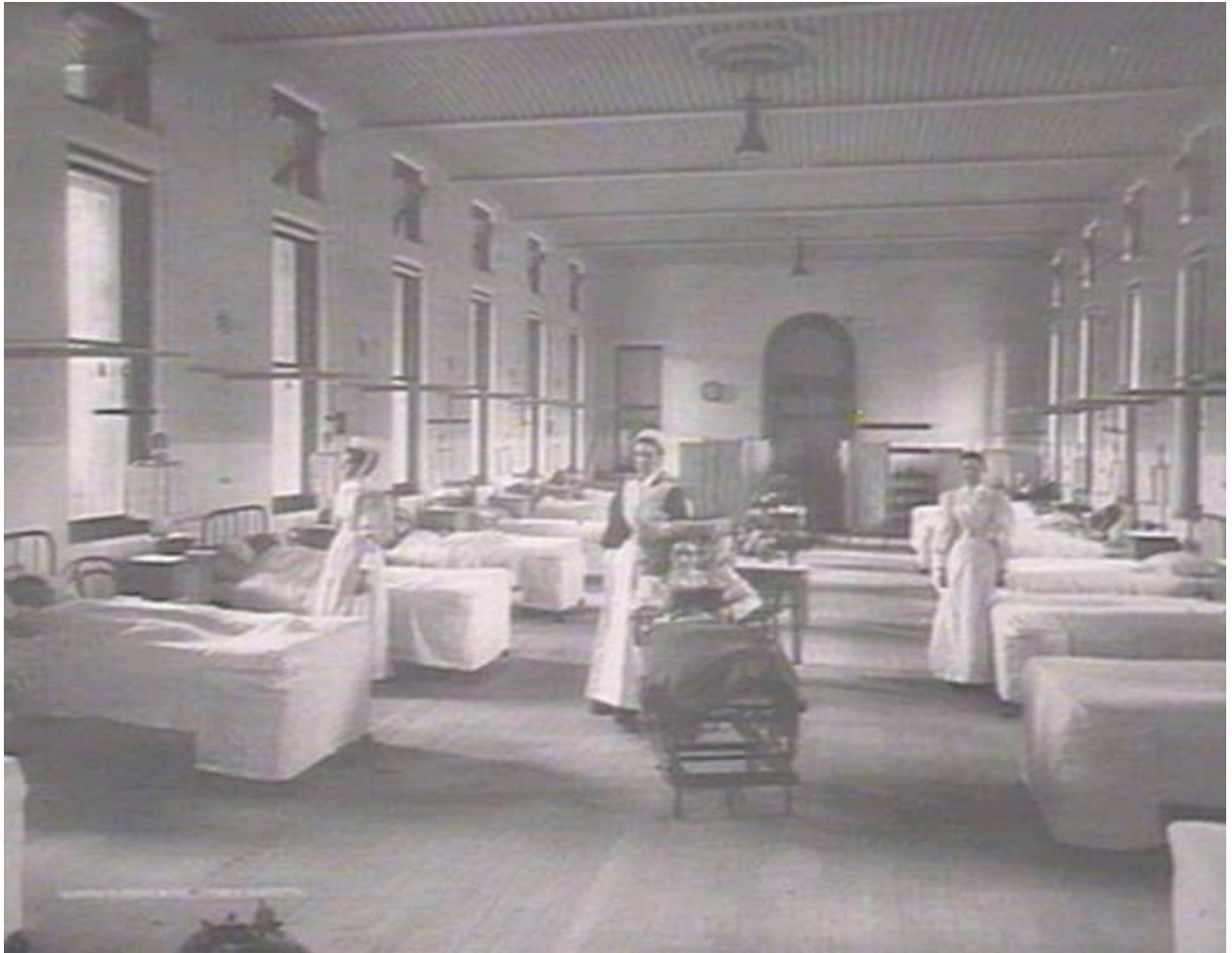


Figure 2-5 Sketches at the Melbourne hospital – published by Alfred May and Alfred Martin Ebsworth in 1881. Source State Library of Victoria - A/S29/01/81/44



**Figure 2-6 Women's Surgical Ward, Sydney Hospital 1895 – Built in the pavilion style but devoid of any pictures hanging on the walls. Source State Library of New South Wales – d1\_06472**

The above historical data illustrates a smattering of interest in the decoration of hospital wards with art works during the second half of the 19<sup>th</sup> century. However, in 1877 British doctor Julius Lawrence-Hamilton launched the first and only national publicity campaign requesting the donation of domestic bric-a-brac to decorate British hospital wards.



National Library of Australia

nla.pic-an8526479-343-v

Figure 2-7 The Hospital ward, Gundagai, NSW 1887, shows again the pavilion style ward but with no decorations on the walls; however the bowl of flowers perfectly exemplified Nightingale's description of sick room decorations. Source National Library of Australia – nla.pic-an8526479-343

## *A 'white elephant' approach to decorating*

The story of how a doctor, who wrote about contamination in baked bread and the problems of keeping fish fresh during transportation, began a crusade to install bric-a-brac decorations in hospitals remains a mystery.<sup>61</sup> Nevertheless, in January 1877 Dr. Julius Lawrence-Hamilton<sup>62</sup> began a public media campaign under the headline of *Art in Hospitals*, describing the interiors of London hospitals as producing atmospheres of “excessive dreariness”<sup>63</sup> and requested the public to donate the following domestic items and money to address the unappealing atmosphere of the capital’s hospitals.

“I advocate the brightening of the wards and the cheering of their inmates by the addition of suitable pictures, plate bronzes, carvings, bric-a-brac, old armour, china, sculpture, ornamental clocks, fancy glass, tasteful glazed tiles, and other art decorations of all sorts.”<sup>64</sup>

When considering Nightingale’s stipulation of strict hospital hygiene, Lawrence-Hamilton’s request characterised an appeal for a ‘white elephant’ stall rather than a hospital ward.

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<sup>61</sup> "Volunteers," *The London Gazette*, September 22, 1874. Dr. J. Lawrence-Hamilton (previously Lawrence-Levy) born in 1845 and reported in the 1874 *Gazette* as volunteering as a “Gent, to be Assistant-Surgeon for the 2<sup>nd</sup> Middlesex Rifle Volunteers Corps”. He was mentioned in the 1871 and 1881 British Census as a medical practitioner in Hyde-Park London and later in Brighton, after his sensationally public divorcee from his wife Mary in 1889. The divorce case was widely reported in the British press, describing how Mary left her husband for a European aristocrat. This information has no bearing on the decoration of hospital wards but provides an insight into the personal life of an interesting man.

<sup>62</sup> "A Good Suggestion," *The Belfast News-Letter*, January 29, 1877.

<sup>63</sup> "Art in Hospitals," *The Daily News*, January 30, 1877. *The Pall Mall Gazette*, February 6, 1877. "Art in Hospitals," *The Graphic*, February 3, 1877.

<sup>64</sup> "Art in Hospitals," *The Daily News*, January 30, 1877. "Art in Hospitals," *The Pall Mall Gazette* 1877, "Art in Hospitals," 98.

As an incentive to get his plan working, he offered to donate 100 guineas by May 1877, if “a thousand other donors each subscribed an equal or larger sum before the 1<sup>st</sup> of May”.<sup>65</sup>

Understandably this request was met with a public outcry about wasting public money on art and Lawrence-Hamilton quickly rescinded his conditional offer of 100 guineas, noting there had been a misunderstanding and he would gladly donate a similar sum to “a responsible committee as soon as one is formed, to promote the art fund of the hospitals in London”.<sup>66</sup> The idea of forming an Arts Committee to deal specifically with hospital arts funds developed quickly and suggested the decoration of wards with domestic items was becoming a popular trend within Britain’s medical profession and upper classes by 1877.

Lawrence-Hamilton’s decorating mission initially appeared to gain auspicious support from the British art elite. On 21 March 1877 a report in the *The Aberdeen Weekly Journal* stated that Lawrence-Hamilton had managed to secure the professional services of Mr Leighton RA and other well-known artists to oversee the formation of a national Art Committee and ensure the ongoing “success of the movement”.<sup>67</sup> Leighton later became Lord Frederick Leighton and president of the British Royal Academy of Arts.<sup>68</sup> Having such an eminent artist and organisation attached to the movement would certainly have given it artistic gravitas among the wealthy sections of British society. Yet, no evidence has been located to substantiate the committee’s creation or Leighton’s direct involvement. Reports of Lawrence-Hamilton’s artistic endeavours provide primary evidence that public debate around the decoration of wards continued to gain pace during the late 1870s.

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<sup>65</sup> "Art in Hospitals," *The Penny Illustrated Paper*, February 10, 1877. Lawrence-Hamilton’s donation would be equivalent to approximately A\$ 11000 in November 2011.

<sup>66</sup> Lawrence Hamilton, "Art in Hospitals," *The Pall Mall Gazette*, February 6, 1877.

<sup>67</sup> "The Art in Hospitals Movement," *Aberdeen Weekly Journal*, March 21, 1877.

<sup>68</sup> *Ibid.*, 4.

Lawrence-Hamilton's appeal met with harsh criticism from his peers in the medical profession. One report published in *The Graphic* acknowledged decorations were vital for patient wellbeing, but needed to be restricted to stencilled or fresco decorations as picture frames could become 'weapons' for disturbed patients.<sup>69</sup> A later report in the *Jackson's Oxford Journal* recommended any paintings donated for a hospital needed to represent "touching pictures of Christian charity".<sup>70</sup> However, a report published in *The Era* was more explicit and suggested that decorative arts of a certain genre would have "fatal" consequences for patients.

"Dr. Hamilton seems from his correspondence to be one of the advanced aesthetic school of decorative art. He wants to educate as well as to amuse. He talks of brass dishes, blue plates, old armour and goodness knows what. If he had his own way he would probably line every ward with MORRIS'S paper, and startle the sick with the yellow pomegranate or the blue daisy...if the young army of aesthetic art decorators is turned loose upon our hospitals the Coroner may have to step in and account for some instances of sudden death."<sup>71</sup>

Interestingly the article's author objected to William Morris wallpaper purely on its aesthetic qualities and not the hygienic issues of hanging wallpaper in a ward.<sup>72</sup> The outrageous nature of the article conjures up images of patients collapsing en masse when confronted with sheets of Morris' iconic floral designed wallpaper.

A critic in *The Lancet* noted: "As for bric-à-brac and china arranged on brackets and shelves, they seem to us to be absolutely inadmissible in the wards of a general hospital in which cases of open

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<sup>69</sup> "Art in Hospitals." *The Graphic*, February 3, 1877.

<sup>70</sup> "The Works of the Late Mr. William Riviere," 5.

<sup>71</sup> "Dr. Lawrence-Hamilton," 11.

<sup>72</sup> William Morris (1834-1896) is often considered one of the most influential designers of decorative items, including wallpaper and textiles of the 19<sup>th</sup> century.

wounds and of zymotic disease are treated”.<sup>73</sup> Appeals for decorations were condemned further in by a report published in *The Monthly Homoeopathic Review*.<sup>74</sup> The *Review*'s lengthy article discussed the growing debate around the call for ‘art in hospitals’ and included a letter from a Dr. Yeldham.<sup>75</sup> Dr. Yeldham’s letter strongly objecting to Lawrence-Hamilton’s proposals as he believed hospitals were already clean, cheerful and offered comfort.

“Dr. Hamilton grounds his appeal on what he designated as the ‘excessive dreariness’ of the wards of our Metropolitan Hospitals. These terms, applied to hospitals as they existed fifty years ago, or even at a later period, would doubtless express a good deal of truth, but applied to hospitals as they now exist, they are simply an exaggeration.”<sup>76</sup>

He deplored Lawrence-Hamilton’s decorative suggestions as they would increase the cleaning work undertaken by nurses and reduce the time they spent on patient care.<sup>77</sup> Yeldham further admonished the inclusion of bric-a-brac in hospital wards for preventing “the free circulation of air, and scrupulous cleanliness, which are so indispensable to the healthiness of a hospital”.<sup>78</sup> Confronted with mounting criticism from his medical peers, Lawrence-Hamilton’s quest to decorate hospital wards headed towards a sudden conclusion.

Within months of his first request for the donation of decorative items for hospital wards, all reference to Lawrence-Hamilton and his grand ideals vanished from the public media and medical journals. Reasons for the project’s failure are not known however, it may have been due

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<sup>73</sup> "Annotations," 208. Sedgwick, *Principles of Sanitary Science and the Public Health: The Causation and Prevention of Infectious Diseases*, Xiii. The word ‘zymotic’ related to germ theory of disease transmission which would have superseded the miasma theory.

<sup>74</sup> Pope and Brown et al., "*The Monthly Homoeopathic Review*," 265-322.

<sup>75</sup> Pope and Brown et al., "*The Monthly Homoeopathic Review*," 265-272.

<sup>76</sup> *Ibid.*, 320.

<sup>77</sup> *Ibid.*, 321.

<sup>78</sup> *Ibid.*, 321.

to his reliance on people's generosity in donating goods and the time required from prominent artists. A key objection to the art competition run by Westmead Hospital was the expectation that artists would freely donate their artistic talents without remuneration.

Lawrence-Hamilton's decorative endeavours retained a faint resemblance to Nightingale's objective of providing something pleasant for patients to view. A bowl of flowers was considered bright and pleasant, but not "old armour, fancy glass...plate bronzes or bric-a-brac".<sup>79</sup> It is hard to ascertain whether Lawrence-Hamilton's colleagues rejected his desire to recreate a Victorian parlour in a hospital ward, or his belief that objects which harboured dust particles were not vehicles of disease transmission. Considering the majority of Lawrence-Hamilton's later publications focused on bacterial transmission in food, he probably dismissed the miasma theory of germ transmission long before Nightingale and her contemporaries.

Lawrence-Hamilton did consider the practical issues of installing decorations in hospitals and in October 1877 he published his final article on the subject of 'Art in Hospitals'.<sup>80</sup> In the article he outlined the design for a picture frame capable of withstanding the most stringent hospital cleaning regime.

"[It] may be cleaned without damage by boiling water, or by soap and water, or by water containing a disinfectant – say carbolic acid; and may be subjected for disinfecting purposes to dry heat in an oven."<sup>81</sup>

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<sup>79</sup> Lawrence Hamilton, "Art in Hospitals," *Daily News*, January 30, 1877.

<sup>80</sup> "Art in Hospitals," 585-86.

<sup>81</sup> *Ibid.*, 585-586.



Each frame would be hung parallel with ward walls to stop them becoming ‘aerial dust-bins’ and was double-sided to allow the rotation of pictures on a regular basis (rather hard to do if artwork hung parallel to the wall from the back of the frame). No evidence has been found of commercial production of the picture frame, although Lawrence-Hamilton did apply to patent his unique picture frame in November 1877.<sup>82</sup> Lawrence-Hamilton’s foray into hospital decoration appears to have been brief and by April 1878, he was again writing articles about spiders and the risk of food contamination during transportation. For the rest of his life, Lawrence-Hamilton was a prolific writer on disease transmission in aquatic life and never again ventured into the debate of art in hospitals.<sup>83</sup> Regardless of his success in procuring decorations for hospitals, Lawrence-Hamilton had placed the concept of installing art and decorations in the wider public domain.

Occasional references to Lawrence-Hamilton’s later writings on fish contamination and spiders have been found in American publications, and a brief reference to Lawrence-Hamilton’s artistic endeavours was syndicated in *The Mercury* published in Hobart in April 1877.<sup>84</sup> The article, originally published in *The Times*, repeated Lawrence-Hamilton’s request for philanthropic donations of art to “lighten the gloom of the sick ward”.<sup>85</sup> No evidence has been found to suggest his calls for donations were acted upon by any Australian hospitals. Medical professionals in all three countries would have read or contributed to *The British Medical Journal*

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<sup>82</sup> Lawrence-Hamilton applied for a patent for a commercial picture frame in November 1877 with details published in *The London Gazette*.

<sup>83</sup> Lawrence-Hamilton, "Bismuthic Blackening of the Tongue," 193. Lawrence-Hamilton and Renner, "Putrid Calf Lymph," *Birmingham Daily Post*, December 3, 1889; Lawrence-Hamilton, "Fish Frauds," 1024-1025. Lawrence-Hamilton, "Ice Spoils Fish," 614-616. Lawrence-Hamilton, "Torturing and Starving Fish," 337-338. Lawrence-Hamilton, "Dry-Air Frozen Fresh Fish," 811-813. Lawrence-Hamilton, "Fish Sales by Guesswork," 1078-1079. Lawrence-Hamilton, "Catching and "Crimping" Fish," 447-449. Lawrence-Hamilton, "Waste of Fish and Fish Products," 868-869. Lawrence-Hamilton, "Scottish Fisheries," 632-633.

<sup>84</sup> Lawrence-Hamilton, "A Spider Strategy," 2. Lawrence-Hamilton *Algona Upper Des Moines*, May 9, 1878; , *Burlington Daily Hawk-Eye*, March 18, 1881.

<sup>85</sup> Lawrence-Hamilton, "Art and Our Hospitals," *The Mercury*, April 2, 1877.

and *The Lancet*, so the decorative exploits of Lawrence-Hamilton would have been read outside Britain. Whether his ideas were acted upon is impossible to clarify.

By the end of 1870s documentary evidence from all three countries, especially Britain, showed many hospital wards were clean and bright, with a bowl of flowers and occasional framed print the preferred decorative element. A statement from a report titled *Within the Hospital Walls: A Matter-of-Fact Narrative*, published in 1886, provided a detailed account of what happened to a patient when admitted to a British hospital.<sup>86</sup>

“It contained thirty beds, disposed in two rows, one row subdivided by the fireplace, the other by a large table decorated with flowers in vases or growing in posts, which took off one’s attention from the dressing tins placed upon it. The dark green walls were relieved by coloured pictures from the *Graphic and Illustrated London News*, and the sweet singing of the linnet prevented the patients from being depressed by the monotony of sullen silence.”<sup>87</sup>

Sadly it appears that Nightingale’s preference for pale pink walls had failed and practical “dark green walls” had prevailed. Despite the use of drab-coloured paints, prints and flowers installed by nurses transformed dull wards into pleasant environments, a trend not based solely on the writings of Nightingale.

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<sup>86</sup> "Within the Hospital Walls: A Matter-of-Fact Narrative," 1195-1205.

<sup>87</sup> *Ibid.*, 1195.

## *Decorations had a place within the ward*

The Victorian era hospital wards assailed patients' senses with the pungent odours of carbolic acid and soot. Cheap prints, pot plants and other decorative elements installed in hospitals throughout the late 19<sup>th</sup> century reflected the domestic sphere rather than the high end of the art world and assisted the visual separation of hospitals from their workhouse predecessors. The significant amount of correspondence published from the medical profession and those who read the daily newspapers, demonstrates there was a genuine concern about the internal appearance of hospital wards during this era. While Nightingale wrote from a practical perspective and Lawrence-Hamilton from an idealist vision, the fact both considered decorations emphasised a growing momentum in the medical profession, to create a welcoming atmosphere within wards.

The archival evidence presented in this chapter clearly shows the medical profession was prepared to support some form of ward decoration for their patients' benefit. Contemporary academics constantly reference Nightingale as the catalytic element in promoting the value of art works and colour for patients. Despite being quoted out of context, her publications on home nursing inadvertently became the primary evidence health officials and artists needed to provide historical evidence to support the re-installation of art into hospitals from the 1970s onwards. It is impossible to estimate Nightingale's reaction to this interpretation of her most widely read publication. She would have been more impressed with the ongoing professional development of nurse training and improvements in hospital infrastructure than turning hospitals into art galleries. As public confidence in hospital-based treatments increased, domestic scale decorations continued to be used as a means of 'brightening' a patient's day. However, after a brief foray as

would-be interior designers, many medical professionals gladly left the daily concerns of decorating wards to large, female-dominated volunteer organisations.

## Chapter 3

### A caring home: Volunteers in the hospital

“I saw her gather from their lovely garden dainty blossoms and sprays of green,  
making them with unusual skill into bouquets for the Flower Mission in the city.

Then three small baskets were filled with pansies”.<sup>1</sup>

This chapter provides an historical account of a forgotten group of evangelical women who created the first global hospital decoration program. When thinking of hospital volunteers, we conjure up images of a pink-clothed figure disappearing down a hospital ward, clutching a bunch of flowers. Or a figure partially obscured behind a trolley piled with second-hand magazines and books. This is the impression many of us associate with hospital volunteers, seen trundling their trolleys of donated items through hospital wards, or arranging flowers in recycled jam jars. In Australia these mainly female volunteers are known as the ‘Pink Ladies’ and utilise their wide range of domestic and professional skills to orchestrate a host of auxiliary hospital services including collating and distributing second-hand books, arranging cards and flowers of “sprays of green”, or simply having a chat with patients. The story of women volunteering their time to manage domestic decorations and provide solace for patients in hospitals has a long-forgotten history. This global concept of women volunteering in hospitals began as a Christian based mission conceived to improve patient’s well-being with flowers and biblical quotes.

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<sup>1</sup> Margaret Slattery, *The Girl and Her Religion*.

In the late 1860s a group of Christian women met for the first time in New York to create floral bouquets for delivery to patients confined within a range of publicly funded institutions including hospitals. It was hoped the flowers would act as a visual reminder of the women's Christian mission to improve the lives of those less fortunate through various acts of charity. The group adopted the name, Flower Mission and by the early 1870s this small band of ladies had united with the powerful Women's Christian Temperance Union (WCTU) to turn their small flower operation into a global organisation.

### ***The global power of the Women's Christian Temperance Union***

The Christian ethos and pre-existing organisation structure of the WCTU provided those establishing the first Flower Mission's with a global network of like-minded women volunteers. Established in 1873 the Women's Christian Temperance Union protested against the "destructive power[s] of alcohol" on society, a power Anthea Hyslop argued was influenced by "The demon Drink [which] reduced the working-man to inebriated poverty, starving his children and driving his wife on to the streets in search of the means to keep her family alive".<sup>2</sup> United in their call for abstinence, the women undertook a series of 'Temperance Crusades' and entered public houses praying and singing Christian songs in an attempt to shame working class men into abstaining from the 'demon drink' of alcohol and encouraging them to take their entire wage packets home to their families. The public actions of these female dominated groups quickly spread and in December 1873 a group in New York, under the directorship of a Mrs. Esther McNeil, created the first *Women's Christian Temperance Union* or the WCTU. As news of their

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<sup>2</sup> Hyslop, "The Women's Christian Temperance Union of Victoria: The Early Years," 4. *WCTU Australia Ltd. Our History*.

Christian crusades spread, satellite branches began to operate throughout Britain and Australia, forming a powerful and highly organised global Christian based charitable movement.

This highly organised and committed group of women fitted neatly into the emerging Flower Mission's charitable ethos. As hospitals continued to shed their workhouse stigma, women from the upper classes finally found a socially acceptable environment in which to fulfil their charitable obligations to the poor. Hospitals provided an opportunity to utilise their considerable domestic and professional skills, through the arrangement of donated flowers. The Flower Mission's role in the historical narrative of the hospital and art has been ignored due to their use of domestic-scale decorations including flowers and reproduction prints of little monetary value. Yet the charitable decoration work undertaken by this highly organised group proved that the internal appearance of hospitals was given serious consideration by the wider community. The archival literature evaluated in this chapter shows how large non-profit volunteer organisations successfully worked in partnership with hospital administrations to bring solace to patients 100 years before the advent of the contemporary *Arts in Health* movement of the 1970s.<sup>3</sup>

### ***The hospital ward and flowers***

A vase of flowers is nearly always visible (See. Fig 3-1) in photographs of late 19<sup>th</sup> century hospital wards. Flowers have a long, historical link with the sick and hospitals, fulfilling a positive association Nightingale believed was vital for a patient's mental and physical 'wellbeing'.<sup>4</sup> It is customary for visitors to take flowers and fruit as gifts when visiting someone in hospital

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<sup>3</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*. Peter Senior is credited with starting the first Arts in Health program at St Mary's Hospital in Manchester during the 1970s and shall be discussed in chapter 9.

<sup>4</sup> Nightingale, *Notes on Nursing: What It Is, and What It Is Not*.

and over the decades numerous comedy skits have parodied visitors eating from brown paper bags of grapes intended for the patient, or shown damaged flowers protruding from jam jars. Large urban hospitals now provide the opportunity to purchase flowers through florist and gift shops. These shops are generally located in hospital entrance foyers. Yet, the historical link between flowers, hospitals and patients has a much longer and more complex history than might be imagined.



**Figure 3-1 Victorian hospital ward decorated with vases of flowers and pictures. Source Kings Trust London. <http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital> (accessed January, 20 2014).**



Under the religious banner of Christian charity, the activities of the Flower Mission provided a “safe” and “appropriate” domestic occupation outside the home for women from the upper and middle classes of the Victorian and Edwardian eras. Social restrictions on women entering the workforce had made it almost impossible for those from wealthy families to find employment outside the domestic constraints of the home.<sup>5</sup> Kathleen E. McCrone wrote how “charity was recognized as a Christian duty. Because of its voluntary nature, charity was considered becoming to the female character rather than a threat to femineity and respectability”.<sup>6</sup> The domestic nature of the Mission’s work made it a socially acceptable volunteer vocation, especially as the women involved were not physically treating the sick but administering Christian charity with bouquets of flowers. For academic Lori D. Ginzberg, voluntary benevolence work for Victorian women regardless of the task, involved a serious dedication and commitment to hard work.

“Careers in benevolence, paid or not, required hard and decidedly unsentimental work. Punctuality, order, and efficiency – habits that a later generation would label “corporate” – were explicitly stressed in advice to women on their benevolent roles. Women devoted long hours to writing and printing annual reports, publicizing events, and attending meetings, as well as performing the daily tasks of visiting the recipients of their benevolence.”<sup>7</sup>

The administrative skills the women gained from strict housekeeping practices, easily transferred from the domestic sphere to charitable work. The strength of the Flower Mission’s operations lay in gaining a permanent supply of their raw material - the flowers - and an extremely

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<sup>5</sup> Woodham-Smith, *Florence Nightingale 1820-1910*. Nightingale was unable to fulfil her nursing career until her early 30s as her family refused to allow her to enter into paid work or undertake employment deemed unsuitable for a lady.

<sup>6</sup> McCrone, *Feminism and Philanthropy in Victorian England: The Case of Louisa Twining*, 123.

<sup>7</sup> Lori D. Ginzberg, *Women and the Work of Benevolence: Mortality, Politics, and Class in the Nineteenth-Century United States*, 61.

committed volunteer workforce.<sup>8</sup> This workforce was capable of negating the public hospital hierarchy, one in which many of their male family members worked, and provided large-scale temporary decorations to hospitals without incurring costs on limited health care budgets.

The date of the first Flower Mission formation has been hard to substantiate due to conflicting reports from a variety of primary sources.<sup>9</sup> One account suggests their work began in 1868 when a group of women from Boston, America, began to deliver bouquets of donated flowers to patients confined in a range of public institutions, including hospitals. To date, no detailed academic study of the Flower Mission's global operations has been undertaken and such a study goes beyond the scope of this thesis. For the purpose of this study, the Mission's involvement in supplying flowers as a form of decoration to hospitals shall be addressed.<sup>10</sup>

While confusion surrounds the date of the Flower Mission's establishment, the primary evidence suggests the first Mission originated in Boston around 1868-70.<sup>11</sup> Following its merger with the WCTU in 1873, the Mission grew quickly and satellite branches opened across America.<sup>12</sup> By the end of 1874, documented accounts of Flower Mission operations appeared in leading British and

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<sup>8</sup> Mary Stanley, "The Flower Mission," *MacMillian's Magazine*, November 1873 April 1874. Flowers were collected by a variety of community groups including school children and Sunday school groups. A P Stanley, *The Flower Mission* (London: Society for Promoting Christian Knowledge 1874). I am unable to verify if Mary Stanley was related to A P Stanley, but both give a similar report of the Flower Mission's establishment and operations.

<sup>9</sup> McKeever, *Jessie Morrison, or the Mission Flowers*, One of the first publications to mention the work of the American branch of the Flower Mission, dated 1859, predates the formal establishment of the WCTU in 1873. However the first newspaper article found to support the formation of a Boston-based Flower Mission published in *The Boston Daily Evening Transcript* appears on October 23, 1871. Gray, "The Flower Mission," 787-794.

<sup>10</sup> Hyslop, "The Women's Christian Temperance Union of Victoria: The Early Years" This thesis discusses the history of the Victorian era branch of the WCTU but makes no mention of their Flower Mission work. There has been a thesis publication on the Indianapolis branch of the Flower Mission. Amanda Jean Koch, "Not a 'Sentimental Charity': A History of the Indianapolis Flower Mission, 1876-1993" (Master of Arts, Indiana University, 2010). At present no overarching study of the Mission's global history has been located.

<sup>11</sup> "Brief Jotting," *Boston Daily Evening Transcript*, October 23, 1871.

<sup>12</sup> Hyslop, "The Women's Christian Temperance Union of Victoria: The Early Years," 4. "WCTU Australia Ltd. Our History," In 1873 groups of American women began a series of public protests demonstrating against the "destructive power[s] of alcohol" on society.

Australian newspapers and medical journals.<sup>13</sup> The most comprehensive account of the Mission's American origins was published in the *Harper's New Monthly Magazine* in 1874<sup>14</sup> and credited Miss Helen W Tinkham, a Boston school teacher, with forming the first Flower Mission.<sup>15</sup> In the summer of 1868 Miss Tinkham had "despaired" at the waste of fresh flowers and fruit in domestic gardens in Boston and began to collect the excess produce to give to the "children of the streets, children of poverty" she passed daily on her way to work.<sup>16</sup> From this basic beginning, Miss Tinkham envisaged establishing a group of women to collect the surplus flowers and fruit to donate to the "unfortunate" of Boston on a regular basis (See. Fig. 3-2).

In response to Miss Tinkham's requests, notices were read out in churches across Boston on the first Sunday in May 1869, calling for donations of flowers to be delivered to the Hollis Street Chapel, Boston, and every Monday.<sup>17</sup> The notice made an emotional appeal to those who "have leisure and inclination to assist in tying up bouquets, and carrying them to their destination" to meet at the Chapel.<sup>18</sup> This idealised and romantic notion of a communal group of women gathered weekly to transform donated flowers into bouquets for delivery to homes of the poor and hospitals proliferated in various mass media forms and a bed-bound child holding a single flower became the iconic image of the Flower Mission's Christian charitable work over the ensuing decades (See. Fig. 3-3).

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<sup>13</sup> First accounts of a Flower Mission operating in Australia appeared in the country's national newspapers, noting the Mission's work had begun at the Melbourne Hospital. "Hospital Flower Mission," *The Sydney Morning Herald*, March 21, 1874. "The Flower Mission," *The Mercury*, March 25, 1874. "Flowers for Hospitals," *The South Australian Register*, March 21, 1874.

<sup>14</sup> Gray, "The Flower Mission." 787-788.

<sup>15</sup> Ibid., 787. Cadwallader, "The Flower Charity. Heaven Bless It!": A Study of Charity in Literature and Culture.(on Culture)(Critical Essay)," Cadwallader suggests that dates in the Harper's article, indicate Casseday based her Flower Mission work on the accounts of Miss Tinkham's flower donations. "The Sweetest of Summer Charities," 7. This article outlines work of Miss Tinkham is starting a flower mission charity in 1869 – a similar date to the one proposed in *Harper's New Monthly Magazine*.

<sup>16</sup> "Current Notes," *New York Times*, October 19, 1870.

<sup>17</sup> Gray, "The Flower Mission," 788.

<sup>18</sup> Ibid., 787-788.

# The Sweetest of Summer Charities

"Flowers are words which even a babe may understand"

TO THE inspiration of Miss Helen W. Tinkham, of Boston, the mission for the distribution of flowers among the poor, the sick and the aged is not even one year old. Thirty years ago the first flower mission was founded, with Miss Tinkham at its head and she has ever since been identified with the work.

In the spring of 1860 Miss Tinkham spent a few days in the country, inspecting the flowers that have into fragrant blossoms under the magical touch of April. Upon returning to Boston she observed with what wistful eyes the children gazing upon the railroad station where the flowers were brought north, and how eagerly they accepted those she offered them. This incident led her to urge the charitable people to cooperate in collecting and distributing flowers. A meeting was held and the work soon started. Boston is, therefore, the birthplace of the flower mission, a form of charity which has extended to every section of the country, and crossed the Atlantic.

In the last quarter of a century the work and fields of these missions have been greatly enlarged. Now, not only are flowers distributed among the poor of the cities, and among the inmates of hospitals and other institutions for the care of the sick and decrepit, but fruit, milk, ice and other such summer necessities are supplied to those unable to pay for them. The extent of the work may be illustrated by the fact that in Chicago alone one hundred and seventy thousand baskets were given out last year. One of the several missions in Boston had a record of fifty thousand baskets distributed, and Philadelphia, San Francisco, and many other cities, while not equalling these figures, made a very creditable showing, and bestowed a great quantity of welcome gifts besides flowers.



NEW YORK FLOWER MISSION



SAN FRANCISCO FRUIT AND FLOWER MISSION



A WELLING WORKER



FLOWERS FOR SCHOOL-CHILDREN



A GLIMPSE OF THE BOSTON FLOWER MISSION



AT THE PHILADELPHIA FLOWER MISSION



BUQUETS READY FOR DISTRIBUTION



JUST ARRIVED FROM THE COUNTRY



DISTRIBUTION IN THE HOMES OF THE LEWEL



MISSISSIPPI FOR CHILDREN OF THE POOR

Figure 3-2 *The Ladies Home Journal* 1899, showing the various acts of the Flower Mission activities and description of Miss Tinkham's 'vision' of donating flowers and fruit to the needy of Boston.



Figure 3-3 “The Flower Mission.” *Harper’s New Monthly Magazine*, May 1874, 787-94. The magazine article included the above emotive image of a sickly bed bound child clutching a single flower.

An earlier account of the Mission’s establishment was reported in the *The New York Times* in 1870 and suggested the Mission began through the charitable actions of “two little girls” from Boston who collected flowers to distribute to the poor and sick in the city.<sup>19</sup> This report noted the Mission had already donated “11,000 bouquets and 1,800 pond lilies” showing it was a well-established operation in the Boston area by 1870.<sup>20</sup> Another history about the Mission’s operations was published in Britain’s *MacMillan’s Magazine*, written by Miss Stanley in 1874. The

<sup>19</sup> "Current Notes," *The New York Times* (1857-1922) 1870.

<sup>20</sup> "Brief Jottings," *Boston Daily Evening Transcript*, October 23, 1871. This newspaper report, stated that 34 towns contributed to the work of the Flower Mission and that a total of 11671 bouquets had been sent by the Mission to hospitals and “sick rooms” throughout the Boston area.

article provided a brief account of the Mission's American heritage and suggested it was founded in 1869 by yet another "young "woman" from Boston.

"Four years ago, on a bright spring day, a young lady jumping out of the car at the Old Colony Station in Boston, with a bunch of beautiful wild flowers in her hand. As she went down the street the wishful look of some poor children caught her eye "will you have a flower?" she stopped and said. "Give me one! Give me one!" they cried eagerly. Their delight on taking them surprised the lady as well as pleased her, and she then thought, for the first time, "Why the poor things rarely see, much less have, a flower".<sup>21</sup>

The *MacMillan's* article promoted the Mission's charitable work as a romantic and idealised pursuit of a young woman, this time one who gained delight at giving the "poor things" a flower from her bouquet and decided to establish a charitable mission to distribute flowers to the city's poor and sick. This report concurs with *Harper's* by confirming the Mission's work began in earnest at Hollis Street Chapel. From this inconspicuous start the Flower Mission concept rapidly spread across America, then to Britain and Australia during the 1870s (See. Fig. 3-4).<sup>22</sup> In each country the Christian ethos of the Mission's operations was employed to encourage ongoing donations of flowers and associated floral supplies.

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<sup>21</sup> Stanley, "The Flower Mission," 566.

<sup>22</sup> Gray, "The Flower Mission," 787-794.



THE LADIES' CITY FLOWER MISSION.

Figure 3-4 The Ladies' City Flower Mission, wood engraving 1878. Source State Library of Victoria - IAN31/10/78/180

## *Jennie Casseday and the Flower Mission*

The transformation of the Mission's work from an isolated charitable group in Boston to a global branch of the WCTU has been attributed to the endeavours of Jennie Casseday, referred to as an "invalid woman from Louisville".<sup>23</sup>

A detailed narrative of Casseday's engagement with the Mission was published in *Jennie Casseday of Louisville* an enthusiastic and perhaps biased biography written by her sister Fannie Casseday-Duncan in 1922<sup>24</sup> which recounted the bed-bound Casseday reading about the Flower Mission's work in an article published in *The New York Observer* (See. Fig. 3-5).<sup>25</sup> Motivated by the idea of enacting a charitable act through flowers, Casseday called for "the influential women of Louisville, the specially consecrated women, and also the beautiful body of women plodders who win success through patience and service" to establish a national Flower Mission.<sup>26</sup> Casseday was credited with forging an alliance between the various independent American state- operated Missions and the WCTU, following a request to present a detailed account of her Mission work at an annual WCTU meeting.<sup>27</sup>

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<sup>23</sup> "Flower Mission Will Miss Her; Miss Jennie Casseday, the International Superintendent Is Dead," *The Milwaukee Journal*, March 17, 1893. The article notes that Casseday had been a 'confirmed invalid for thirty years' and while she was involved in a large amount of charity work her main focus had been as "International Superintendent of the Flower Mission".

<sup>24</sup> Casseday-Duncan, *Jennie Casseday of Louisville*

<sup>25</sup> Ibid. *The New-York Observer* was published from 1829-1912 by Morse, Hallock & Co in New York. Unfortunately for the purpose of the thesis I have been unable to locate any copies of the publication to verify the publication of reports on the Flower Mission's work undertaken by Casseday. <http://librariesaustralia.nla.gov.au/apps/kss>

<sup>26</sup> Ibid., 21.

<sup>27</sup> Ibid., 21-23. Mary Stanley, "The Flower Mission," *Manchester Times*, April 25, 1874. According to the article published in the *Manchester Times*, the Flower Mission was started in Boston during the mid-1860s by a woman wanting to show children living in the slums of the city what fresh flowers actually looked like. This loosely coincides with the version published by Casseday-Duncan.





**Figure 3-5** Picture of Jennie Casseday, who was credited with uniting the Flower Mission and WCTU. Source, *Jennie Casseday of Louisville*. Richmond, Virginia: Presbyterian Committee of Publications 1922.

The work of Casseday's Flower Mission provided the WCTU with a perfect forum to extend their operations beyond temperance crusades and into the wider community, through incorporating a Flower Mission Department as part of their global operations.<sup>28</sup> Casseday's part in the formation of the Flower Mission is the preferred historical WCTU version of the Mission's origin and is celebrated annually on the 9 June as the Jennie Casseday Day in America through the distribution of flowers to "shut-ins and others".<sup>29</sup> This presumably refers to people confined within their home or health care institutions.

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<sup>28</sup> Casseday-Duncan, *Jennie Casseday of Louisville*, 27-29.

<sup>29</sup> "Wctu Promotes Flower Mission Day Today," *Ludington Daily News*, June 9, 1994. The article notes that Casseday became the national superintendent of the WCTU's Flower Mission Department and held the position until her death in 1893. The *Jennie Casseday Day* is also still advertised on the WCTU American site, <http://wctu-ri.weebly.com/>

As discussed above, there is limited academic research into a general history of the Flower Mission's global operations to substantiate Casseday's influence on the Mission's connections with the WCTU.<sup>30</sup> Academic Robin Cadwallader provided a similar account of the formation of the American branch of the Mission and argued the first formal distribution of flowers began in Boston by 1872 and confirmed the later involvement of Casseday.<sup>31</sup> However, reports from *The New York Times* and *The Boston Daily Evening Transcript* provide primary evidence showing the Mission was well established in Boston by 1870.<sup>32</sup> By the time the *Harper's Monthly Magazine* published its 1874 article, the Flower Mission already operated in "forty States and counties".<sup>33</sup>

### ***The Flower Mission becomes a global enterprise***

As the Mission's work spread rapidly across America, similar operations were established by church-based groups in Britain and Australia from 1874. The influence of the WTCU and its affiliations with other religious organisations ensured the Mission became a global operation within a mere five years of its inception. By the late 1880s Missions operated wherever the WCTU had active branches and at their peak season during, spring and summer, individual Missions were distributing thousands of floral bouquets to a variety of public institutions and private homes each week. In 1879 the Manchester Bible Flower Mission recorded the delivery of 17,000 bunches of flowers to various workhouses and hospitals throughout the Greater

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<sup>30</sup> Koch, "Not a "Sentimental Charity". A History of the Indianapolis Flower Mission, 1876-1993." Koch provided a detailed historical account of the operations of the Indianapolis Flower Mission and their work with tuberculosis sufferers. Koch suggested the Mission first started in Boston during the late 1860s.

<sup>31</sup> Cadwallader, ""The Flower Charity. Heaven Bless It!": A Study of Charity in Literature and Culture.(on Culture)(Critical Essay)," 378.

<sup>32</sup> "Current Notes." 2 "Brief Jottings." 2, "Pictures in a Hospital Worthy Example for the Ladies," 1, this article mentions that as it is flower season, the women of New York should consider donating bouquets of flowers to the Bellevue Hospital patients. No mention is made of the flower mission but the article again provides evidence that the concept of collecting flowers for hospitals was discussed in the public sphere.

<sup>33</sup> Casseday-Duncan, *Jennie Casseday of Louisville*, 22-23.

Manchester area.<sup>34</sup> These are staggering statistics when considering each Mission operated on volunteer labour and donation of the raw product - flowers.<sup>35</sup> In Australia the *The Sydney Morning Herald* reported 16,000 bouquets were delivered to Sydney hospitals during 1890.<sup>36</sup>

These floral donations continued to promote the WCTU's evangelistic tradition and reflected the Victorian era's Calvinistic heritage of providing aid to those considered in "need". This religious doctrine was enforced through the attachment of a biblical quote to all delivered bouquets (See. Fig.3-6). To maintain control on the type of messages attached to the bouquets, WCTU members Mrs. C Pennefather and Anna E. Ashby - published a book, *Wonderful Words of Life: A Manual for Flower Missions* in 1882, listing hundreds of preferred biblical quotes to accompany the flowers.<sup>37</sup> The quotes were chosen, according to the authors, as Christian representation of "concise and pointed message[s] of grace, as, so to speak, a telegram from God to the individual to whom the texted bouquet is given".<sup>38</sup> These biblical quotes included such "insightful" parables as;

"Surely He shall deliver thee from the snare of the fowler. Ps. 91." or "He is able to succour them that are tempted. Heb.2.18."

While they may not be the most inspiring and uplifting of phrases to comfort a patient confined to a 19<sup>th</sup> century hospital bed, it was hoped the flowers brightened up a patient's day.<sup>39</sup>

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<sup>34</sup> "Manchester Bible Flower Mission." *The Manchester Times*, September 20, 1879.

<sup>35</sup> "Christmas in Birmingham," *The Birmingham Daily Post*, December 26, 1879.

<sup>36</sup> "Flower Missions," *The Sydney Morning Herald*, June 17, 1890.

<sup>37</sup> Anna E Ashby, *Wonderful Words of Life: A Manual for Flower Missions* .

<sup>38</sup> *Ibid.*, 5.

<sup>39</sup> *Ibid.*, 89.



NEW YORK CITY.—LADIES OF THE FLOWER AND FRUIT MISSION WAITING UPON PATIENTS, IN THE HOSPITAL TENT ON NINETY-FOURTH STREET.—SEE PAGE 70.

Figure 3-6 Drawing of the Flower Mission ladies delivering flowers to a tent hospital – *Frank Leslie's Illustrated Newspaper*, October 2, 1880: 70.

By the end of the 19<sup>th</sup> century the Mission ladies had created a decorating service of formidable scale. They utilised the services of national railways in America and Britain, which transported their flowers without charge, and had gained unhindered access to hospitals and other public institutions.<sup>40</sup> One Australian hospital board did object to the women's overtly Christian parables being attached to the donated bouquets. The Board of the Adelaide Hospital refused

<sup>40</sup> "Flower Mission Closed for Season," *The New York Times*, May 26, 1919. The report discussed how the Mission had received 'gratuitous' services for the transportation of donated flowers from the country's privately owned railways.

entry to the ladies of the Mission as their religious cards may have unsettled some patients who were admitted from “all creeds”.<sup>41</sup> Apart from this one objection, the Mission’s work in each country appeared to have operated with minimal resistance from hospital administrators or patients.

At the Flower Mission’s peak, the demand for flowers was such, school children and Sunday school groups were called upon to collect flowers and greenery to supply the demands of large city-based Missions.<sup>42</sup> While volunteers arranged and distributed the bouquets, the raw materials, the flowers, twine, packing and all transport costs were donated in commercial quantities; such was the popularity of this female charity organisation.<sup>43</sup> With such a high public profile it was inevitable the Mission’s work became the subject of emotive artworks and literature genres immortalising the heroic tales of women, armed with bouquets of flowers, marching into hospitals to bring Christian salvation to the masses.

### ***Artistic representations of the Flower Mission workers***

While the work of the fledgling Mission had initially spread through church notices, as the popularity of the charity work increased a variety of literary and artistic mediums were used to promote and immortalise the Mission’s flower crusades. During the Victorian era, narrative paintings depicting scenes of Christian benevolence were an immensely popular art genre, especially those portraying melodramatic images of starved children and destitute mothers, a genre described by Donald H Erickson: “Usually [these paintings] presented a strong moral

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<sup>41</sup> "Board of Management Adelaide Hospital," *The South Australian Advertiser*, May 19,1879.

<sup>42</sup> "Melbourne Hospital," *The Argus*, January 15,1875.

<sup>43</sup> Gray, "The Flower Mission," 787-794.

message and more often than not depicted situations that were highly sentimental and even pathetic".<sup>44</sup> Scottish artist Robert Gavin rendered the emotive image of young women delivering flowers to a bed-bound child.

Gavin's painting titled *The Flower Mission, Ill, Sick, Bedroom*, painted during the late 1880s portrays the poignant narrative of two young, well-dressed Flower Mission volunteers delivering flowers to a sickly child confined within a dirty room without any signs of comfort or medical treatment (See. Fig 3-7).<sup>45</sup> This image mirrored the earlier etching of an infirm bed-bound child clutching a single flower published in *Harper's Monthly Magazine* in 1874.<sup>46</sup> For whom this work was commissioned is unknown but Gavin did travel to America to paint scenes of everyday life and the Flower Mission had branches in Scotland during the late 1800s.

To further promote the notion of Christian charity to a younger audience, the Mission's activities became the subject of children's books, portraying examples of young children undertaking the charitable act of collecting and delivering flowers to the lonely and infirm.<sup>47</sup> Several copies of these books which I have acquired were given as school and Sunday school prizes as acknowledgements of the Mission's Christian heritage and links with the WCTU. Some books including *The Flower Mission* by Kate Hill and *Penfold: A Story of the Flower Mission* by Ruth Lynn (See. Fig 3-8) have illustrations of well-dressed children delivering flowers to sorrowful, bed-bound patients, in a similar style to Gavin's painting.<sup>48</sup>

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<sup>44</sup> Donald H Erickson, "'Bleak House' and Victorian Art and Illustration: Charles Dickens's Visual Narrative Style," 32.

<sup>45</sup> Robert Gavin, *The Flower Mission, Ill, Sick, Bedroom*, 7/6/95-117 SD 8703 Image courtesy of Sotheby's London

<sup>46</sup> Gray, "The Flower Mission," 789.

<sup>47</sup> McKeever, *Jessie Morrison, or the Mission Flowers*; Kate Hill, *The Flower Mission and What Grew out of It*. George H Picard, *A Mission Flower: An American Novel*. Ruth Lynn, *Penfold: A Story of the Flower Mission*. H Fidele Holland, "Waddie;" *a Christmas Story*. *Sketches from Life: As Seen through the Medium of a Flower Mission*. Mary Rand Abbott, "The Doctors Daughter," 1. *The Ladies Journal and Practical Home Housekeeper* III, no.1 (1885); M A Denison, "Under the Painted Window," *Frank Leslie's Popular Monthly* IX(1880); Holland, "Waddie;" *a Christmas Story*.

<sup>48</sup> Hill, *The Flower Mission and What Grew out of It*; Lynn, *Penfold: A Story of the Flower Mission*.



Figure 3-7 Painting by Scottish artist Robert Gavin titled *The Flower Mission, Ill, Sick, Bedroom*. Image reproduced courtesy of Sotheby's in London.

For adult readers, heroic tales of charity through voluntary work and flowers were published as brief fictional tales in women's periodical magazines in America and Britain. These include a short story published in *Arthur's Illustrated Home Magazine* in 1874 of a "busy young friend" always busy collecting flowers for the Mission<sup>49</sup> and *The Ladies Home Journal* which ran a number of emotive tales involving the work of the Mission, one aptly titled *The Doctor's Daughter*, published in 1885.<sup>50</sup>

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<sup>49</sup> Arthur, "The Flower Mission," *Arthur's Illustrated Home Magazine*, 526.

<sup>50</sup> Rand Abbott, "The Doctor's Daughter," 1.



Figure 3-8 Image from the inside cover of the fictional story of the Flower Mission's work titled, *Penfold: A Story of the Flower Mission* published in 1891.

Finally credit was given to Casseday's involvement in merging the Flower Mission with the WCTU in a musical score composed by C V Hayden titled *Flower Mission Waltz*, with the following dedication printed on the sheet music: "Jennie Casseday founder of the WCTU Flower Mission" in 1885 (See. Fig.3-9).<sup>51</sup>

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<sup>51</sup> C V Hayden, "Flower Mission Waltz," (Boston: W L Hayden 1885). Sheet music for piano.



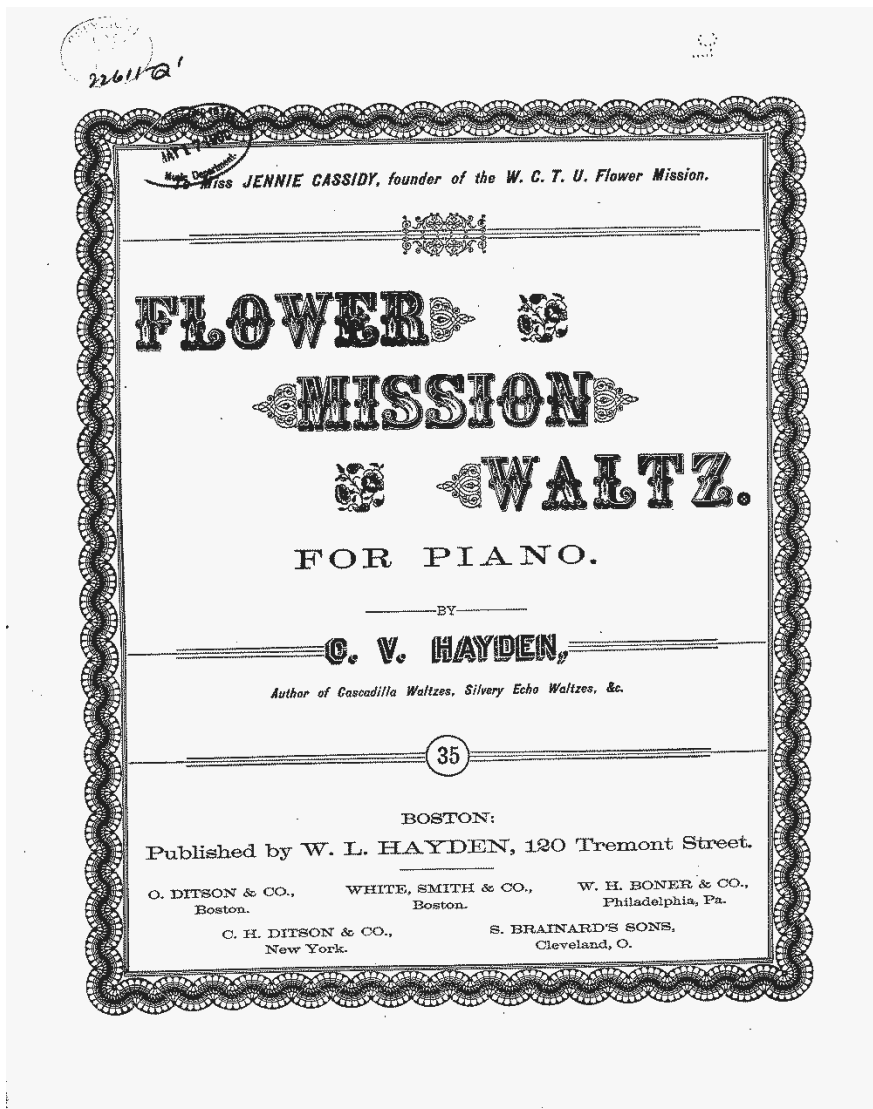


Figure 3-9 Copy of the sheet music for the *Flower Mission Waltz*, dedicated to the Mission's American founder in the WCTU Jennie Casseday.

Each of these artistic representations of the voluntary work undertaken in hospitals by the Flower Mission ladies illustrate their visual presence in the wider community, outside the confines of hospital walls. Such portrayals demonstrated the popularity of their work and the visual pleasure they brought to hospital patients.

## *Flowers and Pictures*

Despite the immense success of the Mission, they faced the problem of maintaining a continual supply of their raw product - the flowers -which in the Northern hemisphere was limited to spring and summer. To overcome this issue a New York branch of the Mission launched a public appeal for pictures instead of flowers in 1878.

“The ladies of the New-York Flower Mission...[are] endeavouring to supply the frontier post hospitals in Montana and Washington Territories with pictures, and contributions for this purpose are desired.”<sup>52</sup>

Whether the WCTU or the Flower Missions expanded their operations to include exhibiting art as well flowers has been hard to substantiate, however, an 1887 report was published in *The New York Times*.

“Among the most appealing charities in aid of the sick is the picture mission. It goes hand in hand with the flower mission in bringing beauty and comfort to those who are shut out from the delights of the world by physical misfortunes. The scheme of the picture mission is to bring into the wards of hospitals works of art to relieve the tedium of the weary hours of convalescence. The pictures are changed as often as it seems expedient. This changing is kept up through the year by loans from private galleries, the engravings or painting of value being always insured from loss or destruction.”<sup>53</sup>

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<sup>52</sup> "City and Suburban News," 8.

<sup>53</sup> "Pictures for the Hospitals," 5.

This article is the only archival evidence located to confirm the existence of a Picture Mission operating in conjunction with the Flower Mission and suggested they operated on a state-by-state basis and not as a separate branch of the WCTU. This article provides primary evidence that artworks were being loaned and exhibited in some American hospitals on a regular basis by the late 1880s.

### ***Flower Mission's forgotten legacy***

Mirroring the various accounts of the Flower Mission's establishment, its demise as a global organisation has also been hard to define. Some American branches of the WCTU still operate and annually celebrate *Jennie Casseday Day* through the donation of flowers to various charitable organisations in her memory.<sup>54</sup> In Australia, newspaper reports on the work of various state branches of the Mission were published until the 1950s<sup>55</sup> and personal correspondence with the WCTU's Australian headquarters confirmed their Flower Mission's activities had ceased operating in all states by the late 1950s.<sup>56</sup> In Britain, newspaper reports of various Mission activities indicate they began to wane by the early 1900s.

The reason for the Mission's global demise is unclear. However, an increase in the number of women undertaking paid employment during the First World War, combined with the demise of sprawling country estates with formal flower gardens, provides one possible explanation. The raw product and the labour needed to arrange and distribute the thousands of bouquets would have been in severe decline by the end of First World War, and it was not until abolition of Second World War rationing that people again considered returning vegetable patches back into

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<sup>54</sup> WCTU, "WCTU Promotes Flower Mission Day Today," *Ludington Daily News*, June 9, 1994.

<sup>55</sup> "After 70 Years," *The Advertiser*, April 13, 1949. Queenslander, "Flowers for the Sick," *The Sydney Morning Herald*, October 4, 1950.

<sup>56</sup> Ellen Chandler, March 29, 2011; "Board of Management Adelaide Hospital; "Flower Mission Fgolden Jubilee," *The Register News - Pictorial*, September 17, 1930. "Flowers for Hospitals," *The Argus*, December 4, 1934. Ellen Chandler the National President of the Australian WCTU confirmed in her email correspondence that the work of the Flower Mission began to wane in all states throughout the 1950s. Presently there are no Flower Missions organised by the WCTU operating in Australia.

flower gardens. After the global conflict the Second World War each country began the nationalisation of their respective public health services which enforced an austere, clinical approach on hospital interiors. Historical accounts of the Flower Mission's decorating endeavours vanished with the bouquets of flowers, and their role in the decoration history of hospital wards was overlooked, due to the temporary domestic nature of their decorative embellishments. The forgotten history of the Flower Mission and the women responsible for its success can also be attributed to its strong links to the unpopular stance of the WCTU and Christian beliefs that were no longer relevant in secular public hospital systems.

Without regular visits from Mission members - and within months of cessation of their deliveries - all memory of their services was lost, along with the flowers and Christian solace they provided to patients. The contemporary *arts in health* movement of the 1970s overlooked the pioneering work the Flower Mission undertook in trying to improve the wellbeing of patients and instead preferred to continually cite Nightingale's *Notes on Nursing* as historical evidence of the positive properties of decorations in hospitals. This is a pity, as the management templates these ladies developed could have provided useful information of how to work collaboratively on decoration programs with health care administrators.

There has been no historical evidence located linking Nightingale with the Flower Mission. This supports the conclusion that while Nightingale agreed that flowers brightened a patient's day, most of her writings focused on designing and lobbying for significant reforms to hospital building infrastructure. Nightingale held strong Christian beliefs in keeping with the era, but upon her return from the Crimean war she permanently secluded herself from society and only met with those capable of implementing or publicising her health care reforms. For Nightingale

the women of the Flower Mission represented the oppression of domestic servitude forced on women of her era.<sup>57</sup>

The global hospital decoration initiative of the Flower Mission was a product of its era. The movement began when upper class women gradually emerged from domestic isolation and mixed with the lower classes to fulfil their Christian obligation. The floral bouquets they created illustrated the value of placing simple, cheap decorations in hospitals as a means of bringing solace to patients. Even the attachment of Christian parables was tolerated in a medical system that stilled relied on faith, as well as scientifically based treatments. The ladies of the Flower Mission showed that substantial volunteer groups could work with hospital administrators when all parties were united under a common cause. That trend is continued by the Pink Ladies of today, who deliver valuable patient services but on a greatly reduced scale compared to their Mission forbears.

As medical professionals took an increasingly scientific approach to all aspects of patient treatment and care, the organic nature of flowers meant they were not always the ideal ward decoration. Therefore new, permanent and easily cleaned forms of ward decoration were required. The next phase in the historical narrative of art in hospitals brought original works art back into wards, the only problem was no-one considered the long-term implications of such installations.

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<sup>57</sup> Gill, *Nightingales: The Story of Florence Nightingale and Her Remarkable Family*. London: Hodder and Stoughton Limited, 2005. Nightingale found the social expectation that she accept a suitable offer of marriage impossible to comply with, despite the constant appeals from her family to forget her nursing ambitions and marry.

## Chapter 4

### Washed with impunity: The humble ceramic tile

“We should, however, strongly deprecate the introduction into our hospital wards of valuable pictures which must be preserved, and which cannot be submitted to the cleaning and scrubbing processes to which every inch of a hospital should be frequently and rigidly subjected. The ideal form of mural decoration for hospitals is, undoubtedly, to be found in tiles, which may be of harmonious colours, and which can be washed with impunity.”<sup>1</sup>

Original art works had graced ward walls, but generally cheap reproduction prints and flowers had provided patients with a pleasant vista from their bed. But this all changed when generous philanthropic donations allowed some hospital staff and patrons to commission site specific, original works of art. Humpty Dumpty perched on his wall, Jack about to climb the beanstalk and Red Riding Hood meandering along a hospital wall, represented wonderful, evocative images that captured the attention and imagination of patients. These characters, taken from popular children’s nursery rhymes and fairy tales, were used as the subject matter of hand-painted ceramic tiled panels, commissioned to decorate British wards. This chapter documents the perilous plight of these permanent ceramic ward decoration during the late 19<sup>th</sup> century.<sup>2</sup> Each

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<sup>1</sup> “Hospital Decoration,” 207.

<sup>2</sup> “Occasional Notes,” *The Pall Mall Gazette*, February 10, 1877. The article notes that according to *The Lancet*, the only acceptable decorations within a hospital ward were those which did not attract dust; hence, the walls could be decorated with “glazed tiles and pictures let in the wall would also be acceptable, as well as painted panels to the doors”.

original painted panel of tiles was an expensive work of art, and as such dependant on the financial generosity of patrons to cover commission and installation costs.<sup>3</sup> The tiled panels were the first original artworks to be installed in modern hospital environments, but their permanent fixture to ward walls ultimately caused their demise.

Hand-painted picture tiles first appeared in children's wards of British hospitals towards the end of the 1870s. Although the historical development of decorations in children's hospitals is not addressed in this thesis, these tiled panels were usually commissioned specifically for children's wards. A limited amount of archival data on this artistic medium has meant the inclusion of children's wards was vital as evidence on these unique and often overlooked decorations. It is evidence from limited available archival material, hand painted tile panels were only commissioned for British hospitals. This was due to the technological and artistic dominance of the country's ceramic industry during the era.

Decorative ceramic tiles have been used in domestic and commercial environments for centuries. Some patterns have become iconic representations of certain eras and styles, such as the blue and white tiles illustrating windmills and clogs, associated with Delftware, originally manufactured in the Netherlands.<sup>4</sup> By the late 1800s expensive hand painted tiles began to be replaced with cheaper, coloured, transfer patterned tiles. These affordable patterned tiles became a popular embellishment for fireplace surrounds and entry foyers in homes and an array of public institutions.<sup>5</sup> This is in contrast to the hand painted tiles, which, due to their cost, were more popular in commercial businesses such as those still on display in the food hall of Harrods

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<sup>3</sup> *Bedford Hospital Charity, Rhymes & Reasons: Victorian Tiles with the Stories Behind the Nursery Rhymes*, The painted picture tiles were installed at Bedford Hospital as part of Queen Victoria's Diamond Jubilee celebrations, funded by a group of "16 ladies" each panel cost approximately 20 guineas.

<sup>4</sup> Horne, *English Tinged Tiles*. Lemmen, *Tiles in Architecture*. Riley, *A History of Decorative Tiles*. Herbert, "The Use of Ceramic Tiles in Shops".

<sup>5</sup> Van Lemmen, *Victorian Tiles*, 24. Patterned tiles used in fireplace surrounds were designed with transfers, this made them an affordable decorative element for domestic and commercial fireplaces towards the end of the 1800s. These tiles differed greatly from the hand painted tiles used in hospitals which were hand painted original works of art.

department store in London.<sup>6</sup> Tiled panels in these commercial businesses have been well documented however those commissioned for hospitals had been overlooked for decades. This absence of documentation has meant the research data presented in this chapter is drawn from a limited number of sources. At present the only concise history of painted tiled panels in British hospitals was undertaken by John Greene's, *Brightening the Long Days: Hospital tile pictures*, published in 1987.<sup>7</sup>

### ***Humpty Dumpty, fairies and a beanstalk***

Hand painted tiles appeared in British hospital wards towards the end of the 19th century and were installed as part of the growing trend to provide colourful distractions for bed-bound patients, especially children.

“It became fashionable to brighten the plain tiled walls of children’s wards with colourful tile pictures of nursery rhymes, fairy tales and other subjects which would interest and amuse sick children.”<sup>8</sup>

Panels were manufactured by some of the nation’s leading ceramic companies including Royal Doulton and Minton (See. Fig 4-1). Designs were often commissioned from ceramic artists and children’s book illustrators including Victorian children’s author Rudolph Caldecott, whose fame in the wider literary community gave artistic gravitas to the tiled panels.<sup>9</sup> Each panel commissioned for children’s wards portrayed a character from well-known classical fairytales and

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<sup>6</sup> Herbert, "The Use of Ceramic Tiles in Shops".

<sup>7</sup> Greene, *Brightening the Long Days: Hospital Tile Pictures*.

<sup>8</sup> *Ibid.*, xiii.

<sup>9</sup> Loudon, "A History of Britain's Hospitals and the Background to the Medical, Nursing and Allied Professions," 261. The article notes the Royal Hospital for Sick Children in Glasgow had a number of floors decorated with tiled panels' designed by Caldecott.



nursery rhymes, including Humpty Dumpty and Dick Whittington, whose stories were easily recognised by patients and visitors.<sup>10</sup> Historical photographs of children's wards from the era show tiled panels neatly inserted between the large pavilion ward windows (See. Fig.4-2). Composed from bright colour palettes and vibrant images, the panels created points of interest and distraction from the reality of being confined to a hospital bed.



Figure 4-1 Photograph of hand painted tiled picture panel illustrating Jack and the Beanstalk originally installed in King Edward Ward at the Royal Berkshire Hospital in 1911. Source [http://www.royalberkshire.nhs.uk/wards\\_departments/m/medical\\_museum/our\\_collection.aspx?theme=Patient](http://www.royalberkshire.nhs.uk/wards_departments/m/medical_museum/our_collection.aspx?theme=Patient) (Accessed 9 June 2011).

<sup>10</sup> Cork, *The Healing Presence of Art: A History of Western Art of Hospitals*, 331.



**Figure 4-2 Victorian Children's Ward**, this photograph show how the tiles were designed to fit neatly between the large windows of the pavilion hospital wards favoured by Nightingale and her contemporaries. Source John Greene's, *Brightening the Long Days: Hospital Tile Pictures*.

The growing popularity of these unique decorative tiles became evident in 1904 when Doulton published a small booklet titled *Pictures in Pottery* providing prospective clients with a variety of tile design templates, created specifically for hospitals.<sup>11</sup> Nevertheless, these hand painted panels were expensive inclusions for any ward and were only commissioned and installed when hospitals received generous donations. As reported in *The Nursing Record & Hospital World Journal* during 1899 the author suggested wealthy “donors” should be approached to fund tile commissions.

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<sup>11</sup> *Pictures in Pottery: A Note on Some Hospital Wall Decorations Recently Executed by Doulton & Co.* As of January 2014, I have not been able to access a copy of this publication in Australia or from overseas.

“If by the kindness of special donors, the tiles can be further be arranged as pictures, nothing could be more delightful; but the expense of this form of decoration precludes its adoption, except as a special gift.”<sup>12</sup>

To further advance their appeals for the commissioning of painted tiles, medical staff encouraged patrons to donate the panels as a permanent memorial to past family members.<sup>13</sup> One such series was commissioned by Lilian Jewesbury for St Thomas’ Hospital, London, in memory of her deceased fiancée and doctor at the hospital Seymour Graves Toller, M.D, M.R.C.P.<sup>14</sup> Another set of tiles at the Llanelli General Hospital, Children’s Ward, was commissioned by Mrs H. C. Buckley in memory of her husband Henry Child Buckley, the hospital’s former Medical Officer for Health.<sup>15</sup> These tiles served a dual purpose, firstly to embellish the wards and secondly they formed a permanent ‘memento mori’ or memorial by paying permanent homage to past medical staff and former wealthy patients. It is unclear from Greene’s book whether memorial plaques accompanied the tile installations in the wards. However the names of individual donors who annually gave funds for hospital beds and cots, were regularly mounted above the beds they funded (See. Fig. 4-3).<sup>16</sup>

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<sup>12</sup> "Hospital Decoration," 207.

<sup>13</sup> Greene, *Brightening the Long Days: Hospital Tile Pictures*.

<sup>14</sup> *Ibid.*, 41.

<sup>15</sup> *Ibid.*, 69.

<sup>16</sup> *Ibid.*, 23.

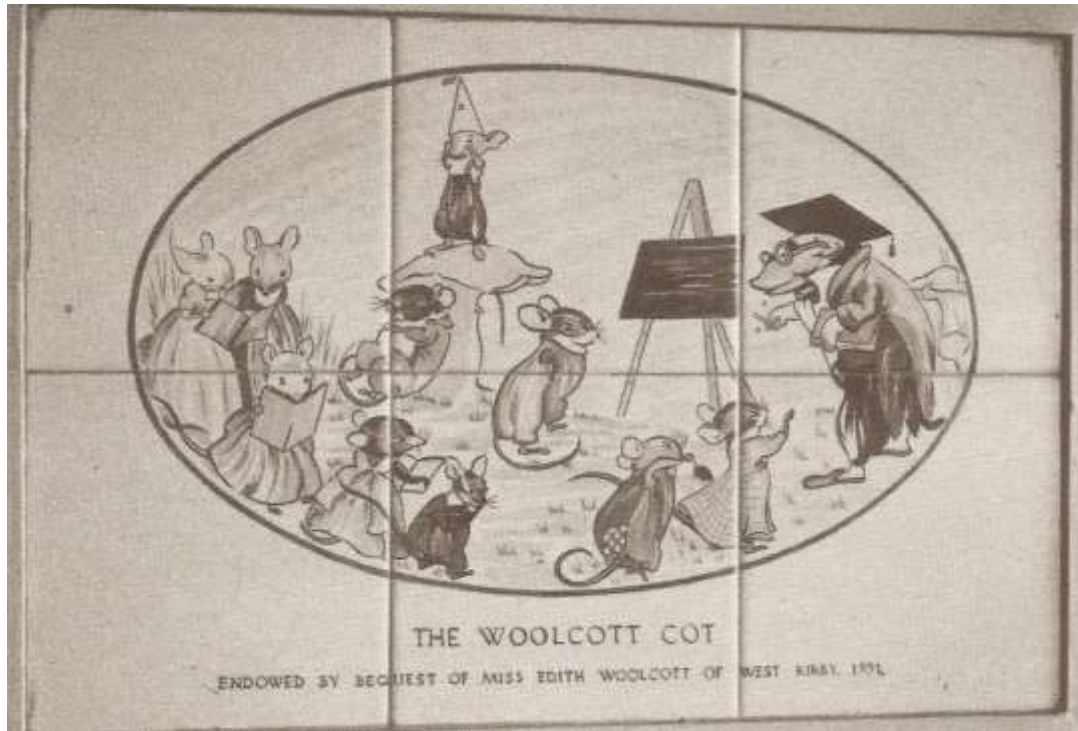


Figure 4-3 Tiled plaque placed above a hospital bed or cot noting the donor's name. Sourced from John Greene, *Brightening the Long Days: Hospital Tile Pictures*.

Tiles provided hospital administrators and nursing staff with the perfect hospital decoration. They required minimal ongoing maintenance and even excessive washing with carbolic acid solutions could not penetrate the glaze and erode their bright, colourful imagery.<sup>17</sup> However, there was one problem no one initially considered when these large painted tiled panels were installed and that is their permanent fixture to the hospital walls.

### *Tiles heritage and the wrecking ball*

By the mid-20<sup>th</sup> century pavilion design hospitals were no longer able to accommodate modern medical practices. To cope with these changes government health bodies in each country began

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<sup>17</sup> "Hospital Decoration," 207. The article noted that tiles would be able to withstand hospital cleaning regimes without causing damage that would have destroyed works of art produced on canvas or paper.

to renovate or replace aged hospital buildings, utilising the latest building materials and architectural designs (the impact of changing architectural design on hospital decorations shall be discussed in Chapter 7).<sup>18</sup> Large pavilion windows were no longer required and wards were illuminated by electric lighting. Dust-attracting dado and picture rails were replaced with sleek, industrial-strength, dust resistant surfaces such as linoleum.<sup>19</sup> By the 1920s these cheaper and easy-to-clean materials became the preferred choice for hospital construction and significantly affected the physical appearance and decoration of hospitals in the 20<sup>th</sup> century.

“Various fibre or hardboard wall panels, with hard, lustrous, glossy surfaces were produced, which could be installed in kitchens and bathrooms quickly and easily. There was also competition from non-ceramic tiles, made from special hydraulically pressed aggregate”.<sup>20</sup>

During the rebuilding of hospitals, wrecking balls smashed the decorative tiles attached to ward walls and the captivating images of fairytale characters were reduced to building rubble.<sup>21</sup> Newly constructed hospitals were built utilising modern materials such as vinyl, Formica and plain ceramic tiles for sterile and wet areas, including operating theatres and bathrooms.<sup>22</sup> These materials created banal plain interior spaces, clinically clean but devoid of the whimsical images

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<sup>18</sup> Rosenfield, *Hospital Architecture and Beyond*. Rosenfield describes how hospitals design began to shift in the period between the two World Wars to resemble “stacking of Florence Nightingale pavilions with the addition of an elevator”. The skyscraper template was able to accommodate large hospitals into smaller intercity spaces. A new minimalistic design approach to hospital interiors also meant the end of many former hospital decorative elements.

<sup>19</sup> Simpson, "Comfortable, Durable, and Decorative: Linoleum's Rise and Fall from Grace," 23.

<sup>20</sup> Van Lemmen, *Tiles in Architecture*, 203.

<sup>21</sup> Cork, *The Healing Presence of Art: A History of Western Art of Hospitals*, 331.

<sup>22</sup> Sloan, *Hospital Color and Decoration*. Sloan suggests a wide range of coloured and patterned linoleum flooring as a means of distinguishing different hospital departments.

It seems inconceivable the tiled artworks were dismissed by an entire hospital community and allowed to be discarded, along with the building rubble. Although considering earlier decorative items had been reproduction prints or flowers, it becomes easier to understand how the painted tiles were overlooked. Traditionally original art is viewed in a museum or art gallery, not a hospital ward. The problem for the painted tiles was that few understood their heritage value to the social history of the hospital, or the British ceramic industry. This loss of painted tiles was not restricted to hospitals. As family 'high-street' shops closed due to increased competition from supermarkets, hand painted tiles installed in butchers, fish mongers and greengrocers' shops also disappeared.<sup>23</sup>

Following the First World War, the British decorative ceramic tile industry went into gradual decline. It was a demise caused by the rapid post-war demand for cheap housing constructed from affordable building materials during the 1930s in Britain and America. As the market for original, hand painted decorative tiles declined, ceramic manufacturers restricted their production lines to inexpensive plain tiles, suitable for a range of commercial and domestic environments. John Greene, wrote about the hand painted tile industry and its steady decline, noting the industry was virtually finished the 1940s.<sup>24</sup>

It is impossible to estimate how many tiled panels were lost during the rebuilding of the British public hospital system during the late 20<sup>th</sup> century. No one considered their historical value to the country's ceramic industry, or that they were a reflection of past hospital decoration practices. The tiles were simply dismissed as replaceable decorations and all record of these unique original tiles would have been lost if not for the efforts of former NHS employee John

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<sup>23</sup> Herbert, "The Use of Ceramic Tiles in Shops".

<sup>24</sup> Greene, *Brightening the Long Days: Hospital Tile Pictures*, xiii.

Greene. Greene was a nursing manager and amateur historian, who started a one man crusade to record and save these forgotten works of art.<sup>25</sup>

### ***Greene the 'Tile Detective'***

John Greene's passion for saving the hand painted tiles developed during his career as a nurse and later hospital administrator for the NHS, when he realised no one was aware or interested in the tiles historical and artistic value.<sup>26</sup> To overcome this ignorance, Greene launched his quest to save the tile panels through his connections with the British Tiles and Ceramics Society. He appeared on the popular British children's television show, *Blue Peter*, appealing for information on the location of the country's forgotten hospital tiled panels.<sup>27</sup> Initial responses to his appeal were overwhelming and the information gained allowed Greene to catalogue and photograph a large number of tiled panels before they were either permanently removed or lost. Before his death in 2001, Greene had catalogued many of the country's remaining tiled panels and reinvigorated their public profile.<sup>28</sup> Ultimately the sad fate of the tiles lay in their classification as 'decorations' and their association with cheap domestic tiles. This misunderstanding of their artistic value allowed their destruction to go virtually unnoticed. While it was impossible for Greene to document or save every panel, the photographs and data he gathered meant the heritage and artistic value of these disappearing tiles was finally acknowledged.

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<sup>25</sup> Johnson, "Hospitals Save a Fortune in Fairy-Tale Tiles; Value of Tile-Pictures in Hospitals " *The Sunday Times*, October 23, 1988.

<sup>26</sup> Greene, "On the Tile Trail," 182.

<sup>27</sup> Laurence Dopson, "Obituary: John Greene," *The Independent*, May 11 2011; "John Greene," *Gloucestershire Echo*, May 21, 2001.

<sup>28</sup> Greene, *Brightening the Long Days: Hospital Tile Pictures*.

The substantial loss of the tiled panels raises several questions pertinent to the thesis question. Should original art be installed in hospitals, if decades later it becomes an item of national significance? Do hospital administrators need to consider the later historical value of artworks commissioned as internal decorations? These questions place hospital administrators in a difficult position, one the current board at Westmead Hospital is still addressing. When the tiled panels were installed the possibility of their later heritage value was never considered by hospital administrators or the donors. They were simply commissioned to provide a decorative element to brighten wards for sick children. Fortunately the remnants of the British ceramic industry and the tiled panels had gained a valuable ally in Greene. However, he was not the only person interested in these original works of art.

### ***St Thomas Hospital's missing tiles***

The decorative role of Victorian era tiled panels has been briefly addressed by the contemporary *Arts in Health* movement's Peter Senior and art historian Richard Cork's recent book *The Healing Presence of Art: A History of Western Art of Hospitals*.<sup>29</sup> However, it took a public debate over the ownership of one particular tiled panel, taken from St Thomas Hospital in London, before health care administrators began to understand their historical and financial value. By then, British and overseas art connoisseurs had already realised their financial value.

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<sup>29</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*. 4 Cork, *The Healing Presence of Art: A History of Western Art of Hospitals*.



In 1988 *The Sunday Times* reported the proposed sale of a Royal Doulton, Victorian tile picture panel titled *Puss in Boots*. News of the tiled panel's auction, by Christie's London, came as an unpleasant surprise for the hospital's art historian.<sup>30</sup>

“When Puss in Boots turned up with star billing in a Christie's auction catalogue his public appearance came as a shock to Rosie Anne Pinney, art historian at St Thomas Hospital, London. She had hoped that Puss, portrayed in a Victorian tile-picture panel, would one day return to his rightful home in the hospital from which he strayed 15 years ago. But now here was the lost panel being advertised for sale a week tomorrow with a Pounds 5,000 estimate and talk of American collectors willing to pay twice that much, competition that St Thomas's self-help fund cannot meet.”<sup>31</sup>

Originally the panel had been one of 26 nursery rhyme themed tiled panels, in various children's wards throughout St Thomas' Hospital. It appears the *Puss in Boots* panel was sold to a private collector by a construction contractor during renovations to the hospital in the early 1970s.<sup>32</sup> Accounts of the missing tiles came as a shock to many of the hospital's staff who immediately launched a public campaign for its return and reinstallation.

Faced with the daunting task of raising a substantial sum to re-purchase the hospital's original property, many employees began to question why the panel had been sold to a private collection by the building contractor. It quickly became evident that while the financial and historical value of the panel was overlooked by hospital administrators, the building contractor knew its artistic value. St Thomas's did finally manage to purchase *Puss in Boots* and install it back with the remaining tiled panels. They are now an acknowledged part of the hospital's extensive historical

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<sup>30</sup> Johnson, "Hospitals Save a Fortune in Fairy-Tale Tiles; Value of Tile-Pictures in Hospitals," *The Sunday Times*, October 23, 1988.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

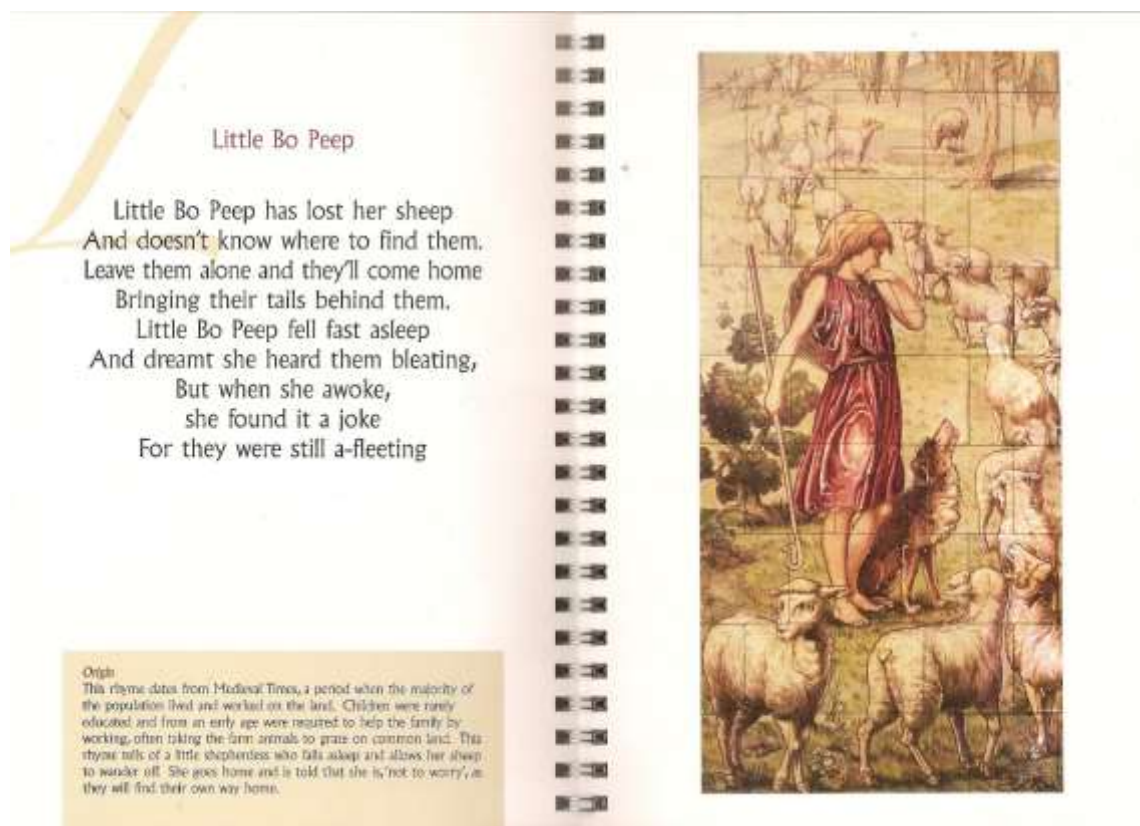
art collection. Images from various panels are used in the hospital's advertising material and can be viewed as part of a self-guided art tour, along with other major art installations.<sup>33</sup> The fate of the *Puss in Boots* tiles highlights the tenuous plight of installing original art in hospitals, when management and staff are unaware, that walls are actually embellished with real art, not cheap, replaceable decorations (See. Fig. 4.4).



Figure 4-4 St Thomas' Hospital, *Look Book*, feature the reinstated *Puss in Boots* tiled picture panel, visitors can view as part of the hospital's art tour.

<sup>33</sup> Guy's and St Thomas' Charity, "Look Book: An Eye-Opener on the Art at St Thomas' Hospital,". Item number 10 in the booklet is a selection of Doulton Tiles (c1900) originally installed in the Lillian and Seymour children's ward and relocated in 1968.

Greene's appeal for information on hospital tile installations was the catalyst that brought the plight and value of the tiled panels into the public domain. Since the 1980s, the growing public awareness of the significant historical value of the tiles, means hospitals now jealously guard their "unwitting" examples of British art history.<sup>34</sup> The Bedford Hospital Charity used their tiled panels as the subject of a fundraising book on the history of nursery rhymes (See. Fig. 4-5).<sup>35</sup> Other tiled panels saved included those at the Cardiff Royal Infirmary, where staff raised funds to have decades of paint removed to reveal their "fanciful tile pictures".<sup>36</sup>



**Figure 4-5 Tiled panel featured in the Bedford Hospital booklet, published to raise funds for the hospital's charity. Source "*Rhymes & Reasons: Victorian Tiles with the Stories Behind the Nursery Rhymes.*" edited by The Bedford Hospital Charity. Bedford: Bedford Hospital Charity, 2006.**

<sup>34</sup> Charity, "Rhymes & Reasons: Victorian Tiles with the Stories Behind the Nursery Rhymes." This booklet was published as a fundraising endeavour by the hospital's Charity and includes photographs of all painted tiled panels held by the hospital and a brief history of each nursery rhyme or fairytale, illustrated. Ironbridge Gorge Museum (established in 1983 on the site of former Craven Dunnill and Company tile manufactures) included the Jackfield Tile Museum, dedicated to cataloguing the history of this unique era of the British ceramic industry.

<sup>35</sup> Ibid.

<sup>36</sup> Johnson, "Hospitals Save a Fortune in Fairy-Tale Tiles; Value of Tile-Pictures in Hospitals," *The Sunday Times*, October 23, 1988.

## *A purely British endeavour*

From available research data it appears painted, tiled panels were only installed in British hospitals during the late Victorian era. Despite extensive research, no historical evidence of similar panels installed in either American or Australian hospitals has been located. Photographs of pavilion style children's wards in the early 20<sup>th</sup> century in both countries show walls devoid of any decoration (See. Fig. 4-6). The absence of archival material has made it difficult to sustain an argument about their omission from wards in both countries.<sup>37</sup> British picture tiles were commissioned from local philanthropic sources and when considering the fragile nature of ceramic tiles, transporting the artworks across the Atlantic and Pacific oceans was not a viable option. Both countries had thriving ceramic industries but neither produced the hand painted tile panels on the scale of their British counterparts.

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<sup>37</sup> Riley, *A History of Decorative Tiles*, 110-111. Ceramic tiles were produced by various companies throughout American from the 1870s-1930 for a wide range of domestic and commercial purposes. According to Riley decorative tile production ceased during the 1930s as a reaction to the Depression and tiles became "utilitarian" objects of construction.



Figure 4-6 Early 20<sup>th</sup> century children's ward at the Hobart General Hospital, Tasmania Australia. Source W. L Crowther Library. <http://stors.tas.gov.au/AUTAS001125298786w800>. (Accessed June 20, 2013).

## *Re-birth of the decorative tile*

Plain ceramic tiles have remained a vital decorative element in hospitals. During the early 19<sup>th</sup> century disease transmission had been attributed to airborne ‘miasma’ particles transmitted by dust, until scientific discoveries made by Joseph Lister and his contemporaries dispelled this myth. The non-porous properties of tiles easily cleaned surface of tiles still makes them the perfect internal decoration for hospital walls to reduce the spread of infection. Despite significant advances in infection control, antibiotics have not reduced the risk of hospital-based infections and presently patients entering hospitals in all three countries are under constant threat of new fatal ‘super bugs’. Currently, all internal hospital decorations, especially those in Britain must adhere to strict hygiene protocols, a move which has prompted a revival in the use of original, painted tiled panels.

In 2009 Willis Newson a leading British-based, health arts consultancy, commissioned painted tiles for the lift lobbies of the new Bristol Heart Unit, from ceramic artist Marion Brandis (See Fig.4-7).<sup>38</sup> Ironically, more than 100 years since the painted tiled panels were used to beautify ward walls, their easily cleaned surfaces means they are back ‘in-vogue’ with hospital interior designers. Yet, will these new tile installations survive later hospital renovations in 15 or 20 years’ time?

Jane Willis, director of Willis Newson acknowledges all new hospital art installations must comply with infection control procedures, but believes this should not affect the quality of the art commissioned.<sup>39</sup> Willis Newson undertakes a tender process before selecting new art

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<sup>38</sup> Brandis, "Marion Brandis". Brandis has undertaken commissions to create ceramic tiled art displays in a number of British health care institutions, including, Adult Acute Unit Bristol, Whittington Hospital and Gloucester Children’s Hospital.

<sup>39</sup> Susan Barclay, interview with Jane Willis 20 May 2010.

commissions and specifies that all proposed artworks be constructed from low maintenance, easily cleaned and durable materials. Despite these stipulations the installation of “real” art still poses ongoing curatorial problems for hospital administrators. One way Willis Newson negated these issues was to permanently fix the art into the physical fabric of buildings during the construction stage. This is done as a way of reducing the ongoing problems of maintenance, security and storage. A lack of consideration of these factors severely impacted the sustainability of the art collection at Westmead Hospital. However, the permanent installation of the Victorian painted tiled panels was not sufficient to ensure their preservation.



**Figure 4-7 Contemporary hospital tile commission. Source Willis Newson web site [willisnewson.co.uk/mac](http://willisnewson.co.uk/mac) (accessed June, 10 2013).**

Presently tiles are proving the perfect artistic medium for the new restrictive environment of contemporary hospitals, yet time will provide the evidence of their sustainability as a decorative item. Health maintenance policies for new British hospitals incorporate maintenance clauses and budget allocations for their art commissions in the short term under the Private Funding Initiatives (PFI) funding arrangements.<sup>40</sup> These funding allocations assist in preserving hospital-based art installations, but a change in government policy or funding provisions could instantly remove this financial funding source.

As Greene lamented the loss of Victorian picture tile panels, the same scenario could occur during the mid-21<sup>st</sup> century, when present hospitals undergo renovations. This again raises the question of the long-term viability of installing original art in hospitals. Should they be commissioned as temporary decorative tiles, for the life of a building, or are they to be permanent "*Objects d'art*" of international and national significance. If so, the installation of original art starts to align hospitals with their art gallery contemporaries and forces health administrators to become unwitting custodians of a country's artistic heritage. As the push to install original art in hospitals gained wider public support from the late 1970s onwards, artists and *Arts in Health* professionals failed to understand the ramifications of their artistic endeavours. When decorations are replaced with original art, a host of management issues, including conservation, storage and insurance were overlooked by all involved parties, an omission resulting in the loss of yet more art in hospitals.

Tiled panels had been a solely British affair and their installation relied on private donations, so it is not surprising that no catalogue of their existence was produced before Greene's mission

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<sup>40</sup> *Private Finance Initiative (Pfi)*.



began. However, if a hospital-based art program was created by the American government during the 1930s Great Depression, it would be assumed all artworks commissioned were catalogued and protected by government policy. Chapter 5 will examine this issue.

## Chapter 5

### Public art in institutions: Murals in hospitals

“By the early 1930s the questions was simply this: were artists important enough to use the power of the federal government to shield them from a depression which, without federal interference, would surely force them into non artistic activities”.<sup>1</sup>

The perilous plight of murals installed in hospitals during the first half of the 20<sup>th</sup> century is evaluated in this chapter. Historical evidence presented within the chapter supports the thesis argument surrounding the problems of installing original works of art in hospitals. The first government-sponsored hospital arts program began as an outcome of the 1930s Great Depression. To ensure America did not lose its artistic heritage the government created a national arts scheme which employed artists to paint murals in a range of public institutions, including hospitals. Most health care professionals accepted the government-sponsored murals. However, some were less than happy with the modernist rendering of some classic children's stories. For the first time the style of artistic representation, rather than the medium, became the focus of public debate. Tiles had brought original art into hospitals, but these were viewed as disposable decorations, unfortunately the murals created by American artists faced a similar fate.

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<sup>1</sup> De Hart Mathews, "Arts and the People: The New Deal Quest for a Cultural Democracy," 318-319.

As the financial impact of the 1930s Depression spread through all sections of American society President Franklin D. Roosevelt's government formed the New Deal Program in 1934<sup>2</sup> to provide basic employment opportunities for a range of occupations during the Depression.<sup>3</sup> Artists were employed by the Section of Fine Arts, created as part of the New Deal, to implement a national arts program to paint murals for public institutions including post offices, libraries, railway stations and hospitals. It was envisaged artists would paint murals illustrating idealised scenes of American life as propaganda to boost public morale. Morale had been greatly dented by the unprecedented financial suffering and hardships experienced by large portions of the country's population. For Mark Johnson the murals represented:

“Portraits to cityscapes and images of city and rural life to landscapes – that reminded the public of quintessential American values such as hard work, community and optimism.”<sup>4</sup>

In 1935 the initial arts program was taken over by the national Work Progress Administration Program (WPA) and operated until 1943.<sup>5</sup> One of its central objectives was to pay artists a minimum wage to work on public art projects.

“As economic conditions worsened, private patronage virtually ceased, as did those peripheral odd jobs on which artists depended for subsistence. By the early 1930s the questions was simply this: were artists important enough to use the power of the

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<sup>2</sup> Goldbard et al., "New Deal Cultural Programs: Experiments in Cultural Democracy".

<sup>3</sup> De Hart Mathews, "Arts and the People: The New Deal Quest for a Cultural Democracy," 318. For De Hart Mathews the loss of personal patronage had a significant impact on the income of American artists during the Depression as “private patronage virtually ceased, as did those peripheral odd jobs on which artists depended for subsistence”.

<sup>4</sup> Johnson, "1934: A New Deal for Artists," 25.

<sup>5</sup> De Hart Mathews, "Arts and the People: The New Deal Quest for a Cultural Democracy," 318-319.

federal government to shield them from a depression which, without federal interference, would surely force them into non artistic activities.”<sup>6</sup>

During the eight years of the program’s operation Milton Meltzer estimated it cost the American government US\$35,000,000 and “employed more than 5300 artists at its peak in 1936”.<sup>7</sup> The artistic output of the program was equally staggering. Adams and Goldbard estimated the WPA program commissioned “2,500 murals in hospitals, schools and other public places; an easel painting division produced nearly 108,000 paintings; a sculpture division produced some 18,000 pieces”.<sup>8</sup> The ultimate success of this government arts program was the calibre of the artists employed, which included iconic figures of the American abstract art movement including Willem de Kooning and Jackson Pollock.<sup>9</sup>

Despite being painted by the elite of American modernist art movement, supported by a government sponsored program, countless murals installed in hospitals have been lost or destroyed. Yet those exhibited in railway stations, libraries, schools and post offices have remained in-situ. Generally this is due to the longevity of their locations. Railway stations and post offices are virtually guaranteed to remain in their original locations, unlike hospitals.<sup>10</sup>

Murals painted in hospitals faced a similar fate to the British painted tiled panels which were destroyed during hospital closures or renovations. This loss was compounded by the closure of

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<sup>6</sup> De Hart Mathews, "Arts and the People: The New Deal Quest for a Cultural Democracy," 318.

<sup>7</sup> Milton, "Wpa Federal Art Project. Encyclopaedia Britannica".

<sup>8</sup> Adams et al., "New Deal Cultural Programs: Experiments in Cultural Democracy".

<sup>9</sup> Dennis, "Review: Government Art: Relief, Propaganda, or Public Beautification?," 276. Kalfatovic, *The New Deal Fine Arts Projects: A Bibliography, 1933-1992*. Kalfatovic's book provides detailed information on individual WPA murals commissions, including those undertaken by De Kooning and Pollock. The book has a list of hospital mural commissions, however due to the constraints of the thesis it has not been possible to verify how many of these murals have survived in their original locations.

<sup>10</sup> Marling, *Wall-to-Wall America: A Cultural History of Post-Office Murals in the Great Depression*. Some murals created during the WPA era have been extensively researched, as emphasised by the publication of a book on murals painted for post offices. However, murals commissioned for hospitals are often forgotten as they are no longer in-situ due to renovation or demolition of their original locations.

medical institutions offering long-term care and sanatoriums treating tuberculosis or polio. As transmission of these diseases declined and treatments improved, the need for long-term care institutions diminished. Former hospitals were left derelict for decades before being sold for redevelopment and any murals attached to their walls were unprotected. In 1936, artist Michael Lenson (1903-1971) was employed by WPA to paint a mural for the dining room at the Essex Mountain Sanatorium. Titled *The History of New Jersey*, the mural was destroyed in 2002 when the derelict former hospital site was demolished (See. Fig. 5-1).<sup>11</sup> The loss of this mural was not an isolated incident and in recent years a number of personal blog sites have begun to document the sad fate of many former WPA murals.<sup>12</sup>

Decades after the end of the government's New Deal program, murals located in hospital sites marked for demolition were dismissed by health departments and contractors who failed to understand their artistic value and connection to the social history of America. This general misunderstanding of their artistic heritage resulted in the destruction of countless WPA murals during the late 20<sup>th</sup> century. Yet, one mural was nearly destroyed within a year of its installation when a staff member took a dislike to the mural's 'modernist' style.

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<sup>11</sup> *The Essex Mountain Sanatorium.*

<sup>12</sup> *Abandonednyc, The Morning After Theme.*



Figure 5-1 Photographs of the murals, originally installed in the Essex Mountain Sanatorium, pictured here before it was destroyed during the buildings demolition in 2002. Source, Essex Mountain Sanatorium, <http://www.mountainsanatorium.net/images/w/wpa1.jpg> (accessed June 30, 2011).

## *Modernist rendering of Mother Goose*

The phrase ‘I would not want that hanging on my lounge room wall’ is often recited by museum patrons viewing conceptual modern artworks. Yet this same mantra was also used to discredit a WPA mural commissioned for a Columbia hospital in 1936. Commissioned for the children’s ward of the District of Columbia, Tuberculosis Sanatorium, Glendale, the mural of Mother Goose was almost ‘whitewashed’ into oblivion in 1937 on the whim of the hospital’s chief medical officer. *The Chicago Daily Tribune* reported George C Ruhland, a senior Health Officer at the hospital, took a personal dislike to a mural, painted by artist Bernice Cross<sup>13</sup> and demanded its immediate removal due to its “disgusting” subject matter.<sup>14</sup> What Ruhland meant by “disgusting” is unclear although the article noted he was opposed to the mural’s modernist style and declared: “I have great respect for good art...I like Rodin, but I think Epstein’s ‘Genesis’ an outrage”.<sup>15</sup> Based on his own subjectivity as an amateur art critic, Ruhland demanded the mural’s immediate defacement with a coat of whitewash paint, a decision made without consulting the mural’s intended patient audience, their families or nursing staff.

Notwithstanding Ruhland’s intense personal objection to the mural, he lacked the authority to have it removed or defaced, as all artworks commissioned by WPA remained the property of the American government. Any request for their removal had to be approved by the relevant Federal Government WPA department. Faced with mounting media interest in the mural, the hospital’s administrators brought in a group of children to comment on its suitability to decide its fate.<sup>16</sup> After being given time to view the offending mural each child gave a favourable review and noted no objections to its “modernist” rendering of Mother Goose. Ruhland’s objections were

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<sup>13</sup> "Jury of Critics to Decide Fate of Hospital Art," *The Chicago Daily Tribune*, November 19, 1937.

<sup>14</sup> *Ibid.*, 10.

<sup>15</sup> "Ruhland Riles Friends of Mother Goose Here by Condemning Nursery Mural at Glendale," *The Washington Post* November 18, 1937.

<sup>16</sup> "Modernistic Mural in Hospital Is Saved by Jury of Children," *The Baltimore Sun*, November 25, 1937.

dismissed and the mural was allowed to remain in-situ, although for how long is not documented and its ultimate fate remains unknown (See. Fig. 5-2).

### *Jury Of Children Saves Attacked Mural*



WASHINGTON—One of a jury of six school children appointed to judge this modernistic Mother Goose mural which had been called grotesque by the City Health Officer and ordered blotted off the walls of Children's Hospital at Glenn Dale, Md., inspects it. They said it was all right.



**Figure 5-2 modernist rendering of Mother Goose mural. Source “Modernist Mural in Hospital Is saved by Jury of Children” *The Baltimore Sun* November 25, 1937.**

It appears from limited newspaper reports a small number of WPA murals attracted some resistance from hospital administrators or senior medical staff.<sup>17</sup> These objections raised the issue of their intended audience. Ruhland obviously had considerable control throughout the hospital, but he was an adult in a children’s hospital and objected to the non-traditional or modernist rendering of common nursery rhymes. Interestingly, British picture tile panels never generated negative responses from medical staff, possibly due to the traditional nature of the images, which must have been devoid of blatant “modernist” influences. WPA maintained ownership and control over the murals until its closure in 1943.<sup>18</sup> Then the Federal government relinquished all control of the murals and their fate was left to their home institution.

An absence of archival material relating to hospital-based WPA murals leads to a conclusion that many were ultimately lost or destroyed over time. That statement is supported by historian, Greta Berman, who spent decades attempting to persuade art professionals to acknowledge the artistic merits of the WPA murals.

Until recently, the United States has suffered from an artistic inferiority complex.

Museums existed primarily to collect and show works from other countries and other times. We have often considered our own artists inferior to Europeans, even giving some of our major commissions to minor foreign artists, rather than trusting proficient Americans to do the job. Many authorities viewed the WPA/FAP solely as

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<sup>17</sup> "The Psychopathic Ward Wants Fun, but Bars War and Cubism," *The Washington Post*, March `8, 1936. The hospital’s foreman wanted something amusing on the walls, something that would make patients laugh and was maybe whimsical, but not “modernistic or cubist designs”.

<sup>18</sup> Johnson, "1934: A New Deal for Artists," 25.

a relief project and condemned the paintings done by the artists on relief as trash worth of no greater than to be deliberately painted over, or simply torn down and destroyed.<sup>19</sup>

Once the murals were installed in hospitals, their status was redefined to the lowly medium of decoration. Changing the murals' classification effectively removed any acknowledgement of their artistic merits within the formal art world. These murals were regarded simply as wallpaper and neither the iconic status of the artists who painted them, nor the reason for their commission could remove the detrimental decorative stigma. In a similar pattern to the demise of Westmead's art collection, it was only when Americans began to investigate the artistic achievements of the WPA murals program that their artistic merit became evident. By this stage large numbers of murals had been permanently lost.

### ***The WPA mural revival***

Mirroring Greene's campaign to save Britain's tiled panels, the launching of a public awareness appeal reignited the plight of the forgotten WPA hospital murals. It began with a series of newspaper articles during the 1970s highlighting the awful state of forgotten murals locked in a derelict New York hospital. The reports documented a proposed WPA mural conservation project to be undertaken by the City of New York's preservation officer, Scott Dolkart, and art conservator Allen Farancz. Both men had discovered 12 murals hidden in the basement of the abandoned Gouverneur Hospital, painted in the 1930s by Abram Champanier. The murals

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<sup>19</sup> Berman, *The Lost Years: Mural Painting in New York City under the Works Progress Administration's Federal Art Project, 1935-1943*, 9-10.

illustrated scenes from Lewis Carroll's, *Alice in Wonderland*. Each panel illustrated Alice and other characters wandering around some of New York's iconic tourist sites (see Fig. 5-3).<sup>20</sup>



Figure 5-3 Image of Alice wandering through the streets of New York. Source, Champanier, Abram. "Alice and Friends Visit the New York City Public Library at 42nd Street." Mural HHC, 1938. [http://www.nycppf.org/html/hhc/html/art-collection/jacobi\\_achampanier.shtml](http://www.nycppf.org/html/hhc/html/art-collection/jacobi_achampanier.shtml) (accessed January 27, 2014).

<sup>20</sup> Dolkart, AS, "Saving Gouverneur's W.P.A. Murals," *The New York Times*, November 14, 1993.

Despite the murals' precarious position in the hospital's basement, a lack of funding meant they remained entombed until 1981. In 1988 Farancz, described the harrowing process of trying to remove the murals as the "wrecking crew" demolished the building around him.<sup>21</sup> Yet, saving the murals was comparatively simple, compared with the daunting task was attempting to raise thousands of dollars needed to cover conservation costs.<sup>22</sup> As the story of other forgotten WPA murals began to emerge during the 1980s a number of programs were established to catalogue their locations.<sup>23</sup>

In New York, the council created *The Health and Hospitals Corporation Art Program* (HHC) in 1983 to oversee the conservation and curation of all murals and artworks created under various WPA programs.<sup>24</sup> Initially teams of council employees and volunteers were dispatched throughout the city to scour public institutions in the hope of locating an estimated 66 murals and 5000 artworks created through the WPA program. In their 2006 conservation report HHC noted that after years of searching, only 23 of the original 66 murals had been located. All needed significant conservation work, with at least 19 murals lost during the renovation or demolition of former hospital buildings.<sup>25</sup>

In an attempt to raise funds for vital conservation work, commercial galleries, including the Midtown Galleries, New York, held art exhibitions, such as *Painting America: Mural Art in the New Deal Era* in 1988. It was envisaged this exhibition would create public interest in the damaged murals and gain permanent funding sources for their costly conservation.<sup>26</sup> To further enhance

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<sup>21</sup> Lipson, K, "Rescuing Our Murals: Out of History, a Special Show," *Newsday* March 23, 1988.

<sup>22</sup> Honan, WH, "Long-Lost Brooklyn Murals Are Being Restored," *The New York Times*, July 20, 1988. Glueck, G, "A Guide to the City's Depression Murals," *The New York Times*, January 7, 1994.

<sup>23</sup> Honan, WH, "Long-Lost Brooklyn Murals Are Being Restored," *The New York Times*, July 20, 1988. Sloan, *Hospital Color and Decoration*, 3. *Milestones: The Fund's Role in New York's Health Care History*. Baron, "Medicine and the Media: Passing Fair," 3.

<sup>24</sup> *Art Collection*, HHC: *The City of New York*. As discussed in chapter 5 the United Hospital Fund of New York, Arts Committee procured a substantial art collection during the 1960s, however, the whereabouts of this collection remain unknown. It was suggested by the Fund's archivist the collection may have been merged with the HHC collection.

<sup>25</sup> HHC - *Conservation- The City of New York*.

<sup>26</sup> Marqusee, *Painting America: Mural Art in the New Deal Era*.

funding opportunities, the City of New York created the Adopt-A-Mural program in 1991, in a bid to secure ongoing financial support from local businesses. This scheme took an emotive approach by appealing to prospective donors to personally save part of the city's artistic heritage for posterity.

“We are now reaching out to you to help us restore the City’s magnificent murals paintings that grace the walls of many of our public buildings...These works of art are a vital, tangible piece of our great cultural heritage and it is our responsibility to preserve and uphold their integrity for future generations.”<sup>27</sup>

Other American cities faced a similar financial burden of conserving murals that had lay hidden from public view for decades in public institutions.<sup>28</sup> In a similar pattern again to the British hospital tiles, once the history of the murals became known, they were highly prized for their links to America’s social and artistic past.

### ***The Harlem Hospital murals***

For decades a series of murals painted by African American artists Vertis Hayes and Charles Alston lay forgotten in a corridor of Harlem Hospital, until an account of their plight was published in a local community newspaper.<sup>29</sup>

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<sup>27</sup> Adopt-a-Mural. Yarrow, "Adoptions Are Planned for 17 Murals," *The New York Times* December 29,1990.

<sup>28</sup> Muchnic, S, "Art; the Shock of the Old; a Fading Mural Is Revealed as a Philip Guston, and with Careful Work, Regains Its Former Brilliance," *The Los Angeles Times*, June 7, 1998.

<sup>29</sup> Holmes, E "Artists Recall Painting of 'Pursuit of Happiness' Mural at Harlem Hospital," *The New York Amsterdam News*, May 31, 1997.

“A neglected corridor just left of the main entrance of the old nurses’ quarters of Harlem Hospital. It is one of Harlem’s historic treasures; hidden in plain sight and seen by almost no one”.<sup>30</sup>

Realising the significance these murals held for the area’s multicultural population, and with the old hospital scheduled for demolition the, city’s council, architects and developers decided to integrated the murals and their designs into the facade of the new hospital. This move ensured the mural’s historical links to the work of African American artists was retained and physically transferred onto the new building, and cemented the historical tradition between health care and art in the Harlem district.<sup>31</sup>

After their removal the murals underwent extensive conservation work and are now exhibited in the rebuilt Harlem Hospital foyer. Key images from the murals were chosen to be reproduced and laminated into the building’s glass façade, making them visible to a wider audience and acknowledging the area’s cultural diversity (See. Fig 5-4). Reporter Jean Nayar believes this diversity reflected “the story of the African Diaspora from agrarian life in the African homeland to positions in the professions and the arts in the industrial north of America”.<sup>32</sup> Removed from their dusty corridor, the murals from the old Harlem Hospital have finally had their artistic status acknowledged and are no longer classified as decorations, but original and valuable works of art. Works by these artists are the fortunate ones.

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<sup>30</sup> "Art Treasures of Harlem Hospital to Be Preserved During Modernization Project," *The New York Amsterdam News*, May 12-18, 2005.

<sup>31</sup> Susan Barclay, 2010. Interview with Gregory Mink Curator of the HHC Art collection in New York. The interview revealed a different approach to managing historical murals compared to Guy Noble at the Middlesex Hospital

<sup>32</sup> Nayar, j,"Heart and Soul," *Print* July 17, 2009.



**Figure 5-4** The new Harlem Hospital with a glass facade embossed with images taken from the WPA mural installed in the old hospitals during the 1930s. Source, HoK, <http://www.hok.com/design/type/healthcare/harlem-hospital-center--major-modernization/> (accessed January 27, 2014).

### *Profit in old art*

The proactive approach to incorporate the Harlem Hospital murals into the new contemporary hospital was in complete contrast to the action taken in Britain by Guy Noble<sup>33</sup> art curator at London's Middlesex Hospital. During the planning stages for the new hospital, Noble decided the murals painted from 1916-1920 by artist Frederick Cayley Robinson (1862-1927) for the old hospital should be de-accessioned and sold.<sup>34</sup> The murals illustrated various scenes of staff and servicemen during the daily operations of the hospital in the First World War. Similar to the

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<sup>33</sup> Roisin Gadelrab, "Masterpieces That May Be Hidden from View," *Camden New Journal*, June 21, 2007.

<sup>34</sup> Peyton Skipwith, "'Acts of Mercy' Sold but Safe," *Country Life*, September 9, 2009.

murals at the Harlem Hospital, Robinson's lay forgotten for decades in a hospital corridor, until they were rediscovered by Dr. J. H Baron in 1994. In an article about the murals, Baron described their neglect and forlorn location.

“The murals are not easy viewing and have never been fully documented, photographed or illustrated. They are neither popular nor readily appreciated, not least because they are obscured by dusty glass and furnishings.”<sup>35</sup>

Baron made several attempts to reignite a general interest in the murals among hospital staff, but it was not until their imminent removal in 2005 that people realised they actually existed.<sup>36</sup> Once word of the murals' removal and subsequent auction became publically known, staff members began a series of protests to stop their sale, based on their links to the hospital's history and the surrounding area during the First World War. Support for the murals' retention in the new hospital gained valuable support from some of Britain's premier art institutions, including the Tate Gallery.<sup>37</sup> As the auction date approached, staff and their supporters demanded the mural panels remain at the hospital and be withdrawn from sale.<sup>38</sup> With an escalating public debate over the mural's fate, Noble and the hospital's administration agreed to delay the sale for six months, but remained adamant none of the mural panels would be installed in the new hospital. As fear of the mural's sale to an overseas collector mounted, Britain's public medical library The Wellcome Trust intervened and bought them for stg£235,000 (approximately A\$392,000).<sup>39</sup> This purchase elevated the murals from mere decorations to acknowledged high art, within the hospital and the wider art world. Purchasing the murals consumed the Trust's entire annual arts procurement budget, but insured their “huge local and historical importance” to the social

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<sup>35</sup> Baron, "Frederick Cayley Robinson's Act of Mercy Mural at the Middlesex Hospital, London," 1723-1724.

<sup>36</sup> Interview with Dr. Baron and Susan Barclay May 2010.

<sup>37</sup> Gadelrab, R, "Masterpieces That May Be Hidden from View," *Camden New Journal*, June 21, 2007.

<sup>38</sup> A similar fear was raised over the sale of the Puss in Boots tiled panel at St Thomas

<sup>39</sup> Osley, R, "Art Operation: Hospital Paintings Stay on Display," *Camden New Journal*, January 29, 2009.



history of the hospital and the surrounding area and guaranteed they would remain on British soil (See. Fig .5-5).<sup>40</sup>



Figure 5-5 Sections from Frederick Cayley Robinson mural “Orphan Girls Entering the Refectory of a Hospital” 1912. Source, BBC Your Paintings, <http://www.bbc.co.uk/arts/yourpaintings/paintings/orphan-girls-entering-the-refectory-of-a-hospital-126193> (accessed January 14, 2014). “Wounded and Sick Men Gathered Outside a Hospital” 1920. Source, BBC Your Paintings, <http://www.bbc.co.uk/arts/yourpaintings/paintings/wounded-and-sick-men-gathered-outside-a-hospital-126195> (accessed January 14, 2014).

<sup>40</sup> Osley, "Art Operation: Hospital Paintings Stay on Display," *Camden New Journal*, January 29, 2009.

Noble's reasons for wanting to sell the murals was based on his opinion that their subject matter was no longer relevant to the area's cultural demographic, as he said "times have changed and the works are not really suited".<sup>41</sup> He assumed that once the original building was demolished the murals would lose their original context and have no relevance to the new hospital. What he did not consider was the sentimental attachment staff had to forgotten hospital decorations. He had focused on the murals' estimated financial value and intended to use profits from the sale to purchase more appropriate modern artworks to reflect the new building. Events depicted in the murals no longer mirrored events outside the hospital walls, but staff considered them a tangible and precious part of the hospital's social history. While Noble, obviously considered that his role as arts curator implied he had the authority to sell the murals without consensus from the wider hospital community. The subsequent public outrage over the murals' sale emphatically illustrated how Noble and the hospital's board greatly underestimated the public's sentimental attachment to art owned and exhibited in public institutions. A trend evident even if the artworks have been hidden for decades in forgotten corridors or behind filing cabinets. Yet, sentimental attachment was not an issues at Westmead Hospital, were many artworks had been removed by staff due to their disturbing subject matter.

In the highly emotional environment of a hospital artworks can hold sentimental value for some staff members, or be viewed as banal wallpaper. Once the plight of a particular artwork gains exposure in the media it can cause considerable delay and cost for hospital administrators trying to quietly dispose of their valuable assets. This may help to explain why there is minimal reporting of lost hospital artworks in the general media or medical journals. In Manchester hospital based art consultancy, LIME, a contemporary *Arts in Health* organisation under the

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<sup>41</sup> Gadelrab, R, "Masterpieces That May Be Hidden from View," Camden New Journal, June 21, 2007.

directorship of Brian Chapman, decided to test how staff would react when all decorative artworks and decorations are removed from a hospital.<sup>42</sup>

### ***LIME – A disappearing art collection***

When Peter Senior left St Mary's Hospital and joined Manchester Metropolitan University in 1987 to form the *Arts for Health* research centre, he left one of his fellow artists, LIME is a small hospital art procurement charity created to source artworks for hospitals in the Greater Manchester area.<sup>43</sup> During an interview with LIME's director Brian Chapman in 2010 he discussed a recent project undertaken with artist Becky Shaw to emphasise the visibility of art in hospital environments. As part of the project Shaw removed the entire art collection from a Manchester hospital (including reproduction prints and art donations) and then re-hung the collection as a visual catalogue in a commercial art gallery. For Chapman the removal of the diverse art collection produced an unexpected response from hospital staff:

“What was interesting was that the art was taken away, suddenly became valued by the people, as they were missing it. So, a little sign was left in place of each piece, saying this work has been removed to the Castlefield Gallery encouraging people to go and see the whole lot. To some it was clear it would come back, but others ‘what’s happening, what’s happened to our art’ and for some it was a bit of a panic, because they did not understand.”<sup>44</sup>

It was not the quality of the art that the patients and hospital staff were missing, but the presence of something other than a medical poster or directional sign displayed on the hospital walls.

Obviously removing an entire collection is not always a practical way of bringing it back into the

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<sup>42</sup> Susan Barclay, interview with Brian Chapman, director of LIME May 2010

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

public gaze. However, it does demonstrate how even forgotten murals can still create censure and protest once removed or sold without consent. Unfortunately the art at Westmead was lost gradually over an extended period, and therefore no one noticed its demise. Not all murals face such a perilous fate in hospitals; some are cherished by staff as wonderful representations of past artistic talents. Such as a series of murals created by Nan West for a large London hospital.

### ***Nan West – a cherished mural***

In 1927 artist Nan West was commissioned by the Royal National Orthopaedic Hospital in London to paint a series of murals reflecting each of the four seasons<sup>45</sup> for the main patient waiting area.<sup>46</sup> Over the decades this space has remained structurally unchanged and the murals have been on continual public display for nearly a century (See. Fig.5-6).<sup>47</sup> The historical value of the murals has been acknowledged by the hospital's administration, who, since the 1990s, have commissioned several conservation reports on their physical condition. The reports include research from the British Department of Culture, Media and Sport, classified the mural as a cultural asset of national significance in 2006.<sup>48</sup> The murals' preservation in-situ is due to the absence of structural rebuilding. This has allowed it to remain as evidence of the consideration given to the decoration of hospital waiting areas during the 1920s. Even today those waiting for a medical appointment are able to view West's appealing images of the British countryside and wildlife. It offers a far more relaxing outlook than a wall of graphic medical pamphlets or posters.

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<sup>45</sup> "Decorations for a Hospital," *The Times*, November 16, 1927.

<sup>46</sup> Polner, R, "Agency: Hold the Wrecking Ball / State Tries to Preserve Historic Architecture of Queens Hospital," *Newsday*, December 22, 1997.

<sup>47</sup> Pearce, "Schedule - Outpatients' Hall the Royal National Orthopaedic Hospital". The Nan West murals have received external financial support and have been protected by British Department of Culture, Media and Sport since 1996.

<sup>48</sup> Pearce, "Schedule - Outpatients' Hall the Royal National Orthopaedic Hospital," 2. London: Department of Culture, Media and Sport, 2006. Schott, "Nan West's Murals in the Royal National Orthopaedic Hospital," 1736. "



Nan West's murals mid-20<sup>th</sup> century



Still in-situ early 21<sup>st</sup> century



**Figure 5-6.** These three photographs show the murals painted by Nan West for the National Orthopaedic Hospital in London. Source “Nan West’s Murals in the Royal National Orthopaedic Hospital.” *The British Medical Journal* 317, no. 7174 (1998)

Early hospital mural commissions in Britain were not installed as part of a government- funded arts initiative, but as a result of individual philanthropic donations. The private source of funding has meant mural projects were rarely acknowledged in the national media. Once all the fanfare of an artwork’s installation disappears, many forget all about the art and the reasons for its commission. Subsequently many hospital art installations or decorating programs were overlooked by the contemporary *Arts in Health* movement of the late 1970s, when they decreed

only 'real' art could be installed. If the arts professionals of this new decorating movement had delved into past hospital art commissions, they would have realised original art already existed.

The tenuous plight of murals in this chapter provides historical evidence that original art was installed in hospitals during the first half of the 20<sup>th</sup> century. This disputes claims from *Arts in Health* scholars that original art was not commissioned for hospitals.<sup>49</sup> Tiles and murals were dismissed as original works of art, due to their exhibition outside the sanctified world of art and meant they were dismissed as wallpaper. Original art installed in hospitals has a limited life span and is always susceptible to changing hospital infrastructure and public art trends. Therefore cheap replaceable prints were still a viable form of ward decoration in the late 20<sup>th</sup> century. Hospitals environments during this era have often been described as clinical, bare institutions, but the Red Cross used reproduction prints to revitalise ward walls to great effect, while shunning original art.

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<sup>49</sup> Rebollo Pratt, "The Arts in Healthcare Movement in the United States: Concept Paper," 7.

## Chapter 6

### Educating the patients: High art reproductions

“The Steen, Dalglish remembered, had a Modigliani...It hung in the first-floor boardroom, the gift of a former grateful patient, and it represented much that the clinic stood for in the public eye. Other National Health Service clinics brightened their walls with reproductions from the Red Cross Picture Library. The Steen staff made no secret that they preferred a second-rate original to a first-class, reproduction any day. And they had a second-rate original to prove it.”<sup>1</sup>

Earlier hospital based art and decoration projects, operated without implementing formal art management practices. This omission contributed to the demise of murals, picture tiles and the collection at Westmead. But all this changed during the final years of World War Two. When the Red Cross Picture Library <sup>2</sup> and the United Hospital Fund New York instigated domestic size reproduction prints to create large, sustainable hospital decoration programs. <sup>3</sup> Like the Flower Mission, these two groups managed to negotiate the publicly funded health systems and were welcomed by budget conscious hospital administrators and overworked nursing staff. This chapter will provide an historical overview of each group, both of which only procured and installed reproduction prints. They were the first to employ art management practices used by art

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<sup>1</sup> James, *A Mind to Murder*. 24.

<sup>2</sup> Adrian Hill, "Art in Illness," *The Times*, August 21, 1943.

<sup>3</sup> *United Hospital Fund. Planning a Picture Program for Your Hospital.*



galleries and museums to maintain and curate their hospital decoration programs. The management templates they established should have paved the way for later contemporary arts collections installed under the banner of *Arts in Health* and ensure Westmead's art collection remained a viable public asset.

### ***The Red Cross starts a picture library***

The 30-year period from the 1940s until the creation of the contemporary *Arts in Health* movement in the 1970s is portrayed as an era responsible for creating clinical and banal hospital environments. Hospitals of this era were described by architect Peter Blundell Jones as "labyrinths in which patients felt lost".<sup>4</sup> Despite this claim, during the final years of the Second World War a partnership emerged between artist Adrian Hill and the British Red Cross to create a hospital based arts education program. The program utilised copies of European master works to support a series of art history lectures to educate recovering injured soldiers.<sup>5</sup> This unlikely partnership between an artist and a global benevolent society saw the establishment of a hospital art loan scheme that eclipsed all previous efforts to install domestic decorations into wards. It became known as the Red Cross Picture Library. At its peak, from the late 1960s-80s, the service operated on a global scale, and utilised a range of existing Red Cross repatriation services, including book library infrastructure, woodworking workshops and hundreds of enthusiastic volunteers.

According to Hill the inspiration for establishing the picture library emerged due to his personal experiences as a long-term hospital patient, and the positive effects viewing and making art had on his recovery. Hill's personal experience encouraged him to utilise his artistic talents and

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<sup>4</sup> Blundell Jones, "The Hospital as Building Type," 43.

<sup>5</sup> Hamblett, C, "Art Therapy Can Help the Sick," *The Argus*, November 2, 1946.

develop a range of hospital-based art therapy programs.<sup>6</sup> Initially the small program involved Hill giving informal art history lectures to soldiers in Red Cross operated repatriation hospitals in London. Additional support and resources were provided by Mary Campion, the Red Cross library's arts advisor.<sup>7</sup> Together the pair devised a series of art lectures to provide long-term hospital patients with an overview of various European masters artistic *oeuvre*, at the King Edward VII Sanatorium in 1943.<sup>8</sup> Academic Susan Hogan argued that these early art programs established Hill as the founder of contemporary hospital art therapy programs.<sup>9</sup>

“I have launched an experiment which I hope will not only help to alleviate the mental and physical atrophy of a long illness but should sow the seeds of a real and lasting appreciation of art when the patient is restored to health...An ambitious scheme for providing a permanent frame in each room, behind which good examples of old and modern art can be shown and changed periodically is being considered.”<sup>10</sup>

While Hill had a romantic notion of spreading artistic ‘appreciation’ to the lesser educated masses in the country’s public health system, academic Diane Waller suggested Hill’s motivation lay in using the art as a means of revealing “ideological constructions of the imperialist climax...to try to impose a set of artistic cultural values on the recipients”.<sup>11</sup> This statement was supported by Hill’s sedate selection of artworks by well-known European masters which mirrored those artists represented in many of the country’s national art institutions.

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<sup>6</sup> Hill, *Art Versus Illness: A Story of Art Therapy*, 13-20.

<sup>7</sup> *Ibid.*, 89.

<sup>8</sup> Hogan, "British Art Therapy Pioneer Edward Adamson: A Non-Interventionist Approach," 259. Hogan noted that Edward Adamson, not Adrian Hill was one of the first to work on the Red Cross Picture Library with Mary Campion who had started the program at Netherne Hospital in 1944. However, Hill described himself as the creator of the program in an earlier reports in *The Times* on the 21 August 1943 and again in his book *Art Versus Illness* published in 1944 and 1948

<sup>9</sup> Hogan, *Healing Arts: The History of Art Therapy*, 132.

<sup>10</sup> Hill, A, "Art in Illness," *The Times*, August 21, 1943.

<sup>11</sup> Waller, *Becoming a Profession: The History of Art Therapy in Britain 1940-82*, 48-49.

Following the initial success of the program at King Edward's, the concept of taking and displaying reproduction prints in hospitals grew quickly, prompting Hill and Champion to recruit volunteers from existing Red Cross operations and in 1945 the scheme was integrated into the British Red Cross Library operations.<sup>12</sup> Within three years of the program's inception it was loaning framed reproduction prints and holding art appreciation talks in 35 hospitals throughout Britain.<sup>13</sup> As interest in the library's services continued to grow, art historians were asked to add their expertise and provide a series of art lectures for patients. According to Hill these talks had a 'rocky' start.

“The first talk was given by a well-known Art Lecturer. It was extremely difficult at the start; the men were quite apathetic; and did not want to listen or talk, but gradually their attention was focused, and at the end of the talk every man was keenly interested. The lecturer has a very great power of “putting it over”.”<sup>14</sup>

Not dissuaded by occasional resistance to the scheme, Hill and his growing band of volunteers continued to expand the picture library and by May 1948 loaned prints to 95<sup>15</sup> hospitals including repatriation, general hospitals, tuberculosis sanatoriums and retirement homes.<sup>16</sup> To further the educational agenda of the program, art history books were added to the library's services. Art history information was sourced from formal art institutions and in 1949 the British Red Cross *Quarterly Review* reported the Assistant Director of the Lincoln Usher Art Gallery had been consulted “with regard to the choice of twelve small reproductions of works by famous

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<sup>12</sup> Red Cross Society, "Picture Library Scheme". The Red Cross museums in London forwarded the researcher a brief history of the British branch of the Red Cross Picture Library. This noted that by 1947 the program was operating in over 70 hospitals throughout Britain.

<sup>13</sup> Ibid.

<sup>14</sup> Hill, *Art Versus Illness: A Story of Art Therapy*. 94.

<sup>15</sup> Ibid., 95.

<sup>16</sup> Red Cross Society, "Picture Library Scheme".

artists”.<sup>17</sup> Unfortunately no details on who the “famous artists” has been located in other research material.

To cover basic costs of operating the service, the picture library began to charge hospitals “two guineas a year for ten pictures and one guinea for every additional five pictures” from 1950 onwards.<sup>18</sup> Although the picture library only supplied reproduction prints, the service operated as a formal art institution with each print catalogued and framed, and a brief history of the artist and their work was pasted on the back before it was distributed from a central office.<sup>19</sup> The program’s growth was staggering when considering the logistical issues of procuring, framing and cataloguing each print combined with coordinating a large volunteer workforce.<sup>20</sup> As the picture library services spread throughout Britain, regional branches were established to cope with the demand for the library’s print loan services and to reduce distribution times. Similar to the Flower Mission’s daily operations, the picture library’s association with a pre-existing large organisation with a substantial volunteer workforce ensured it slotted neatly into the existing Red Cross operations.

The picture library in Britain reached its peak in 1975 when it held 18,600 prints and its services were used by 1,122 health care institutions. Organisers of the various library branches became known as picture librarians and were chosen for their extensive knowledge and passion for art history.<sup>21</sup> During the same year the library held a national conference to allow volunteers and

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<sup>17</sup> "The British Red Cross Society Quarterly Review," 36, no. 1 (1949).

<sup>18</sup> "Picture Library Scheme".

<sup>19</sup> Adrian Hill, "Pictures in Hospitals," *The Times*, May 2, 1946. Hill wrote that the Red Cross Picture Library chose not to use original art as they were ‘considered too costly and the question of choice would be a delicate one’. Unclear whether Hill is referring to works with modern subject matter here.

<sup>20</sup> Red Cross Society, "Picture Library Scheme".

<sup>21</sup> Red Cross Society, "Picture Library Scheme". Information taken from a brief history of the British Red Cross Picture Library, supplied by the British Red Cross, as coming from a 1950s Library information leaflet.

arts professionals to share their practical and academic knowledge.<sup>22</sup> The extent of the picture library's operations in the British NHS hospitals was also immortalised in the novel, *A Mind to Murder*, by crime fiction writer P D James. When the book's protagonist Inspector Dalgliesh enters the privately operated Steen Clinic to investigate a murder, he notes they have a poor quality original Modigliani displayed and suggests a better quality of art would have been displayed if they used the picture library's services to showcase a "first-class" reproduction.

"The Steen, Dalgliesh remembered, had a Modigliani...Other National Health Service clinics brightened their walls with reproduction paintings from the Red Cross Picture Library. The Steen staff made no secret that they preferred a second-rate original to a first-class reproduction any day".<sup>23</sup>

Not since the romantic tales of the Flower Mission ladies had hospitals decoration programs been immortalised in fiction and this brief recount shows the visibility and quality of the prints used by the picture library.<sup>24</sup> Advancements in the commercial printing industry meant the prints used by the Red Cross differed greatly from those cut from cheap newspaper by nurses during the late 19<sup>th</sup> and early 20<sup>th</sup> century.

By the mid-1980s demand for the picture library's services began to decline, culminating with its closure at a "national level", recorded in 1984 *British Red Cross Council Minutes*. The demise of the library was attributed to a reduction in the range of Red Cross community services, which included shedding toy libraries and meals on wheels programs. The organisation was forced to

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<sup>22</sup> Ibid. According to the history of the Picture Library provided by the British Red Cross, details regarding conferences for Picture Librarians were published in the British Red Cross Annual Report 1975.

<sup>23</sup> James, *A Mind to Murder*. <sup>24</sup> The author worked as an administrator for the British NHS from 1948-1968 where she came across the prints on loan from the Red Cross Picture Library.

<sup>24</sup> Coles, *Manchester Hospital's Art Project*. 77. Coles noted that during 1980, of 87 area health districts known to be borrowing artworks for display in hospital environments, 31 were using the services of the British Red Cross Picture Library.

compete against a range of emerging original art loan schemes for hospitals, such as Paintings in Hospitals (PIHs).<sup>25</sup> Reflecting the earlier Flower Mission decoration endeavours, competition from the growing *Arts in Health* movement, meant the Red Cross Picture Library became a redundant outdated service. While forced to close at a national level, local branches of the picture library were allowed to continue operating, providing they did not 'impede' on the Red Cross service for support.<sup>26</sup>

The Red Cross Picture Library scheme proved large scale programs distributing reproduction prints to hospitals as decoration could operate on a national level and showed that many British hospitals from the 1940s to 1980s had some form of visual decoration on their walls. The global spread of the picture library has been difficult to track due to an absence of archival material. To date, no information has been located to suggest a Red Cross Picture Library program operated in America. Yet in Australia, similar to the Flower Mission's earlier operations, the concept of a picture library was enthusiastically embraced.

### ***Red Cross Picture Library in Australia***

Buoyed by the success of the British Red Cross Picture Library, two Australian Red Cross workers were determined to create a similar program in Australia. Positive reports of the British picture library's work was published in the Melbourne *Argus* in 1946 which noted the "art germ" was good for patients.<sup>27</sup> Despite this glowing report, the Australian Branch of the Red Cross did not consider creating a picture library until 1948, when an application was lodged by

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<sup>25</sup> The establishment of Paintings in Hospitals shall be discussed in chapter 9.

<sup>26</sup> Red Cross Society, "Picture Library Scheme".

<sup>27</sup> Hamblett, "Art Therapy Can Help the Sick." 10-11. A similar article appeared several months later in *The Western Mail*, Perth, WA, again discussing Hill's theory on the therapeutic value of art, but no mention was made of the Red Cross involvement. "Art Therapy," *Western Mail*, April 10, 1947.

Melbourne based artist Helen Ogilvie and Australian Red Cross Rehabilitation Services craft worker Frances Wade.<sup>28</sup> An internal memorandum from the Australian Red Cross Society's national branch noted the two women had considered the introduction of a picture library into rehabilitation hospitals in Australia since 1946.<sup>29</sup> However, the women had not gained support from the Red Cross board, who opposed establishing a picture library. Their opposition was based on the notion there was an absence of professional artistic knowledge and availability of quality reproduction prints in Australia to make the program viable.<sup>30</sup> Not deterred by their first rejection, Ogilvie and Wade made a second request for a picture library in 1948 and persuaded the Board to request a detailed report on the library's operations from their British counterparts.<sup>31</sup> After considering the viability of operating a similar program in Australia, the board donated £stg100 to purchase reproduction prints and mountings to establish a trial library in NSW.<sup>32</sup> While later internal memorandums mention the establishment of a picture Library in NSW during the late 1940s, only one account of the library's creation has been located. In 1950 *The Sunday Herald* reported a picture library of over 300 prints operated at various Sydney hospitals, including the Lady Wakehurst Red Cross Convalescent Home in Waverley. The report noted the following response from a patient's opinion of a print exhibited near his bed.<sup>33</sup>

“Rob was grinning because he remembered the last ‘art therapy’ day when he had only been a few days in the Home. Faced with a long convalescence he had withdrawn into his own misery and had said ‘no thank you; when the Red Cross girl had offered

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<sup>28</sup> "Australian Reeds for Red Cross Craftwork," *The Argus*, November 14, 1942. According to the articles, Miss Ogilvie specialised in woodblock printing and basket weaving at various Victorian rehabilitation hospitals, operating under Red Cross programs. Ogilvie's involvement with the Australian Red Cross was also noted in 1938 when she painted fairytale scenes inside a Red Cross ambulance used specifically for children. "Gracious Service for Crippled Children," *The Argus*, December 21, 1938. "Craft Work in Service Hospitals," *The Argus*, December 29, 1943. Miss Wade was employed as a Chief Craft Worker in the same department. She also specialised in basket weaving, an occupational therapy treatment which encouraged patients to use their hands to regain fine motor skills.

<sup>29</sup> M Urquhart, "Peace-Time Activities: B.R.C.S. Picture Library Scheme,"

<sup>30</sup> Ibid. The Red Cross noted that reports from several art galleries in Australia offering prints had swayed the board into agreeing to trial a picture library.

<sup>31</sup> British Red Cross Society, "Picture Library Scheme."

<sup>32</sup> Urquhart, "Peace-Time Activities: B.R.C.S. Picture Library Scheme."

<sup>33</sup> "Health through Art: Dreary Convalescence Becomes a Pleasure," *The Sunday Herald*, October 29, 1950.

him a picture...In spite of himself, Rob grew interested in the controversies that raged over various prints and finally decided to join in the selection. Botticelli's 'Adoration of the Magi' was his first choice and he couldn't help feeling gratified when most of the men approved".<sup>34</sup>

From this single newspaper report it appears the fledgling program mirrored the British Picture Library operations, offering a sedate choice of prints by well-known European masters. Why a NSW branch of the picture library never eventuated is unclear, however, the Melbourne Branch of the Red Cross embraced the concept with gusto and began to establish an extensive picture library in 1951.

### ***The Red Cross Picture Library takes off in Melbourne***

From its inception, the Melbourne-based picture library established their program along the lines of a professional art gallery or museum, with a committee of arts professionals, which included the appointment of artist Eveline Syme as chairperson.<sup>35</sup> Other committee members included Arnold Shore, the Chief Guide and lecturer at the National Gallery of Victoria and N. Rosenthal a visual aid at the University of Melbourne, who mounted the prints at no cost for a number of years until the picture library became self-sufficient.<sup>36</sup> The library enlisted the services of the Red Cross-operated Woodworking Shop, at Caulfield Repatriation Hospital, to manufacture wooden frames so each print had a durable professional finish.<sup>37</sup>

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<sup>34</sup> Ibid., 6.

<sup>35</sup> McCulloch, *The Encyclopedia of Australian Art*, 684.

<sup>36</sup> "Australian Red Cross Society: Victorian Division, Thirty-Eighth Annual Report 1951-1952," 5-22. Eveline Syme (1888-1961) Melbourne-based painter and printmaker, who attended the George Bell School in Melbourne. Syme was also a founding member of the University of Melbourne's Women College. McCulloch, *The Encyclopedia of Australian Art*, 684.

<sup>37</sup> "Australian Red Cross Society: Victorian Division, Thirty-Eighth Annual Report 1951-1952."



After months of planning, the first batch of 250 prints was distributed in late 1951 with positive feedback from patients. The Red Cross reported that: “Great interest has been shown in this activity by the patients concerned and in some cases this interest has developed further in art therapy.”<sup>38</sup> The Australian Red Cross Picture Library was not created as a hospital based art therapy program but simply to provide patients confined in long-term care with something pleasant and decorative to view from their beds. One of the reasons reproduction prints were perfect, was that they were cheap and replaceable forms of decoration. The burgeoning activities of the picture library and the positive effect the prints were having on patients were given further praise in Melbourne’s *Argus* newspaper in 1951.

“At last someone is giving practical thought to the plight of long-term hospital patients who have nothing but the same bare wall – or maybe too familiar picture – to stare at day after day.”<sup>39</sup>

To increase the library’s collection, the report appealed for donations of second-hand prints or paintings for “this enterprising Picture Library”. Regardless of this appeal there is no evidence to suggest the library ever accepted or distributed original artworks.<sup>40</sup> Public interest in the library’s operations grew and reports of their activities were regularly published in Red Cross publications.<sup>41</sup> By 1956, the library had increased its committee to six members, procured a collection of 710 prints and was planning to expand its services into rural Victorian hospitals.<sup>42</sup> Procuring a collection of reproduction prints of minimal financial value meant the library tripled its collection within six years, despite the misgivings reported in 1946 that Australia lacked the

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<sup>38</sup> "Australian Red Cross Society: Victorian Division - Thirty-Ninth Annual Report 1952-1953," 22.

<sup>39</sup> "Patients to Have New 'Look'," *The Argus*, April 24, April 1951.

<sup>40</sup> *Ibid.*, 8.

<sup>41</sup> "Picture Library for Patients," *The Age*, May 12, 1953. "Brighter Hospital Walls," *The Age*, May 16, May 1953. "Red Cross Society Proud of Its Record," *Camperdown Chronicle*, July 17, 1953. "Art on Loan," *The Age*, March 6, 1956. "Red Cross News: Hospital Visitors Are Busy People," *The Healesville Guardian*, April 6, 1956.

<sup>42</sup> Australian Red Cross Society of Victoria Division. "Australian Red Cross Society of Victoria Division - Forty Second Annual Report and Finance Statement 1955-1956. "Melbourne: Australian Red Cross Society of Victoria Division", 1956.

artistic institutions to supply 'quality' prints. The library managed to overcome this deficit and sourced prints from Australian and international galleries which ensured a quality and diversity of prints. Red Cross members were conscripted to bring back prints of famous artworks they had seen while travelling overseas. In 1960 the National Gallery in London donated 23 colour slides of 'famous paintings', all mounted at no cost by the Visual Aids Department at the University of Melbourne and individually framed by various Red Cross rehabilitation workshops throughout the state.<sup>43</sup>

### ***The Cumbersome Picture Library***

The rapid growth of the Library in Victoria kept various Red Cross workshops busy making a range of standard size handmade wooden picture frames. In 1962, the director of the National Gallery of Victoria agreed to further enhance the library's academic agenda and agreed to deliver a series of art history lectures to hospital patients.<sup>44</sup> With increased demand for the library's services the Red Cross employed several part-time staff to oversee the curation of the collection, although they still relied heavily on an army of volunteers to form the backbone of daily operations. These duties included framing of prints, researching and writing art history snippets for each work and their circulation and exhibition of prints at various hospital sites (See. Fig. 6-1).<sup>45</sup>

By the early 1970s the picture library had grown into a massive hospital decorating supply service, one which was rapidly becoming too disjointed and cumbersome for the Red Cross Service to maintain. In 1971 the annual Red Cross report noted the picture library had 48

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<sup>43</sup> "Australian Red Cross Society: Victorian Division - Forty- Second Annual Report and Financial Statement 1955-1956," 23.

<sup>44</sup> "Australian Red Cross Society: Victorian Division - Forty-Ninth Annual Report and Financial Statement 1962-1963," 21.

<sup>45</sup> "Patients to Have New 'Look'." 8

designated volunteers, a collection of 2,530 prints and had decorated 53 hospital sites throughout Victoria.<sup>46</sup>



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<sup>46</sup> Australian Red Cross Society, "New Notes - Australian Red Cross Society - Victorian Division - Fifty Seventh Annual Report and Financial Statement 1970-71," 22.

**Figure 6-1 Volunteers involved in framing prints for distribution to various hospitals throughout Victoria. Images courtesy Red Cross Australia**

The picture library initially operated as a branch of the Red Cross Library book loan program which allowed them to utilise the existing catalogue and delivery services used for books. Book deliveries however, gave the volunteers few logistical challenges compared to running a picture library. The risk of elderly volunteers climbing ladders to hang glass fronted prints was just one potential hazard. As volunteers swapped books for hammers, nails and ladders, it created an Occupational Health and Safety nightmare for the Red Cross Society administrators. The physical requirements of simply hanging a print had not been considered by the picture library, but as their volunteer workforce aged, it became a safety issue and was cited as among the main reasons for the closure of the Australian Picture Library service in 1999 (See. Fig. 6-2).



Red Cross, Picture Librarian researching history of artwork for information labels



Figure 6-2 Red Cross Picture Library operations in Melbourne – Images courtesy of the Red Cross Society

At the library's peak in the late 1980s, it held a collection of approximately 7,300 prints, had more than 200 volunteers and provided framed prints to almost 202 health care sites in Victoria.<sup>47</sup> Similar to their British counterparts, art books were collected by the picture library to provide a resource base for volunteers writing the museum-style information labels to attach to the back of each print. These labels provided the title of the work, the artist's name and a brief history of their *oeuvre*. For example a label attached to a print of an artwork by Maurice Utrillo, *Windmills at Montmartre*, provided the following biographical information (See. Fig. 6-3).

“He had a very unhappy childhood and took up painting at the age of 18. He early developed into a confirmed drunkard and drug addict and his mother made him learn to paint as a distraction and form of therapy. His paintings are almost all town views, often painted from picture postcards; they show a sensitive understanding of tone and are delicate and almost monochromatic in colour”.<sup>48</sup>

These snippets of historical information mirrored Adrian Hill's original concept of the library to provide visual and mental stimulation for patients, although how patients were supposed to read the labels on the back of the prints when they were hung on the walls at the foot of their bed was never explained or considered by either the British or Australian branches of the library.<sup>49</sup>

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<sup>47</sup> "New Notes - Australian Red Cross Society - Victorian Division - Seventy-Third Annual Report and Financial Statement 1986-1987," 14.

<sup>48</sup> Maurice Utrillo, *Windmill at Montmartre*. Information label placed on the back of a reproduction print by Utrillo that formed part of the Red Cross Picture Library.

<sup>49</sup> Australian Red Cross Society, "New Notes - Australian Red Cross Society - Victorian Division - Sixty Sixth Annual Report and Financial Statement 1979-1980," 22.

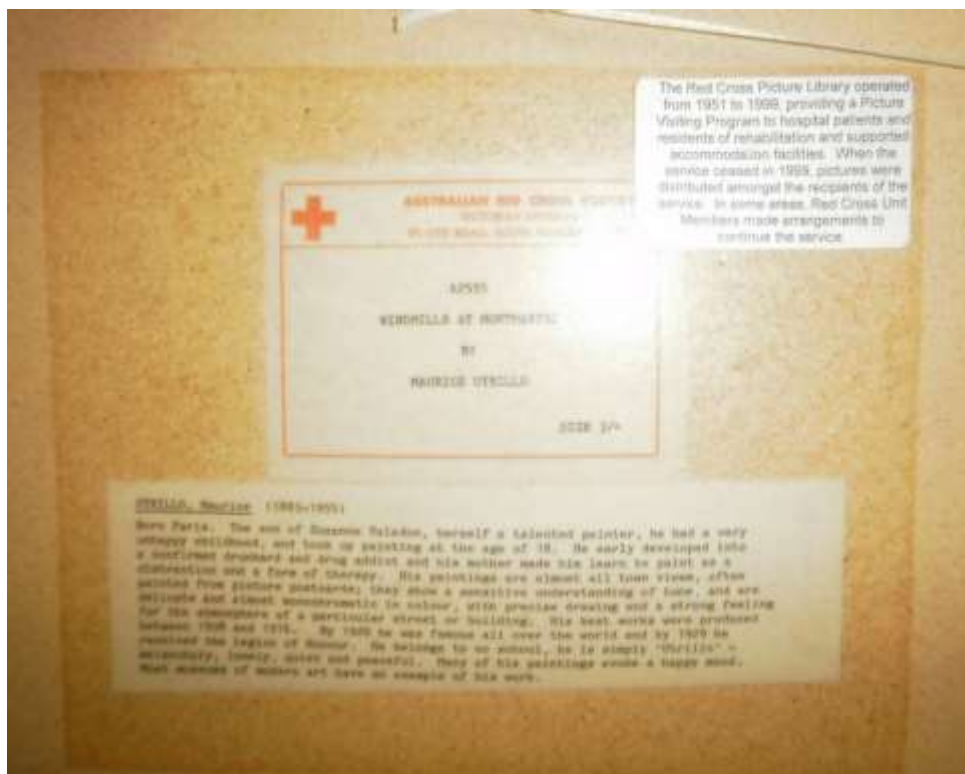


Figure 6-3 Example of framed print and information label of a painting by French artist Maurice Utrillo. Image courtesy of the Red Cross Society Victorian Branch.

### *Final days of a unique hospital decoration program*

After producing thousands of wooden picture frames the Red Cross woodworking shops finally decided their members had had enough of making the same three sizes of picture frame for over 20 years and terminated their connection to the picture library. This prompted the picture library to start using cheaper, lighter, mass produced aluminium frames for all new and existing prints from the late 1970s onwards.<sup>50</sup> The fate of the approximately 3,500 obsolete wooden picture frames was never documented in any Red Cross publications. The ceased production of the wooden frames ended the picture library's association as part of the Red Cross Arts and Crafts Department and book library services. For the first time the picture library operated as an independent department within the Red Cross Society. Away from the security of the Arts and Craft department infrastructure, the picture library had a number of management changes in various divisions of the Red Cross Society in Australia. Reports published in the *Australian Red Cross – Victorian Division* annual reports from the late 1970s onwards emphasised significant structural changes were needed if the picture library was to continue its operations. These included finding ways to overcome the issues of a declining volunteer workforce and the need to regularly rotate prints to stop them becoming banal as 'wallpaper'.

By the late 1970s it became evident the picture library's long-term client base was disappearing as the Red Cross closed a number of care institutions. Similar to their American and British counterpart, the picture library program in Australia had initially provided services for patients

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<sup>50</sup> "New Notes - Australian Red Cross Society - Victorian Division - Sixty Fifth Annual Report and Financial Statement 1978-1979," 23. The change to aluminium frames allowed the library to remove glass panels that had been in the former wooden frames and prints for the new frames were mounted onto card and laminated, allowing them to be changed if damaged. However this also reduced the quality of the framed print.



requiring long-term care in either repatriation hospitals or tuberculosis sanatoriums. By the late 1970s tuberculosis was no longer as prevalent and many rehabilitation hospitals had been merged with larger city hospitals or closed down. Logistically the library had grown too large and incurred excessive maintenance and transport costs, far beyond its meagre annual budget. Keeping track of the large cumbersome collection of prints had also become a burden for the dwindling volunteers. For the program to operate effectively, it required a permanent staff allocation and improved communication between its central administration in Melbourne and volunteers scattered throughout Victoria. During the 1980s the picture library service began to decline as administration was passed between various departments within the Australian Red Cross, Victorian branch (See. Fig.6-4).

When the Red Cross published its final report on the picture library in 1997, it noted many prints were locked in dated aluminium frames, which clashed with the modern decor and furnishing of newer late 20<sup>th</sup> century hospitals.<sup>51</sup> It also reported the entire picture library program represented an “administrative nightmare of an organisation running an extensive art program with aging volunteers”.<sup>52</sup> During the library’s final years, it was estimated 60 percent of the prints were lost due to an absence of volunteers in many loan locations.<sup>53</sup> While the loss of reproduction prints was not as dire as the Westmead Print Prize entrants, the prints of the picture library shared a similar fate, with many ending up in garbage skips due to their outdated appearance.

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<sup>51</sup> "New Notes - Australian Red Cross Society - Victorian Division - Fifty Seventh Annual Report and Financial Statement 1970-71," 22. The outdated frames and traditional nature of the prints subject matter had been an ongoing problem for the Library for over a decade. In 1971 the Austin Hospital in Melbourne has ceased using the services of the Library as the prints no longer complemented the hospitals decor. The 141 returned by the hospital were sold for \$71.00 with the funds going towards purchasing new prints.

<sup>52</sup> "Australian Red Cross Society: Victorian Division - Final Report for 1997," 8-10.

<sup>53</sup> *Ibid.*, 28.



Figure 6-4 Picture Librarian showing prints to patients. Images courtesy of the Red Cross Society

The final report on the library's services contained pages of protocol amendments that were vital if the service was going to survive as a branch of the Australian Red Cross. These changes included a complete audit of the service, establishment of a collection policy, costs review, implementation of Workplace Health and Safety (WHS) policies and retraining of volunteers.<sup>54</sup> Elderly volunteers climbing ladders to hang prints were an uninsurable occupational risk. Decades of poor communication between the picture library's head office in Melbourne and volunteers meant the library no longer reflected its original mission. This problem was compounded by the vast geographical distances separating various satellite picture libraries, which had operated as independent decoration services for years and resented interference from the Red Cross's central administration. Faced with unaffordable insurance fees and the rapid decline of their core decorating environment, the Red Cross forced the closure of the picture library. The 1998 Red Cross Annual Report proclaimed the service would be relaunched as the Picture Visiting Library, focusing on aged care facilities but a year later, in 1999, the library was permanently closed.<sup>55</sup> The once prolific print collection had morphed into wallpaper, each print was unseen and the organisation was no longer the vibrant and informative visual decoration force it had been during the 1950s and 60s (See. Fig. 6-5).

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<sup>54</sup> Australian Red Cross Society, 6-40. The report provided detailed lists of recommendations to be implemented if the library was to continue operating, all making the underfunded program financially and logistically unviable.

<sup>55</sup> Australian Red Cross Society. "Australian Red Cross Society: Victorian Division – Final Report for 1998."



**Figure 6-5 Example of framed print loaned out to Red Cross care institutions towards the end of the program's operations in the late 1980s. Image courtesy of the Red Cross Picture Library**

The picture library, originally devised to cater for long-term hospital patients, had outgrown its role in decorating hospitals.<sup>56</sup> Once the Red Cross decided to close the picture library all locations were instructed to cease operations immediately. However, a source from the Australian Red Cross confirmed some picture librarians continue to operate a 'covert picture library' in a rural Victorian hospital. This information, evokes images of elderly Red Cross volunteers creeping round wards secretly hanging reproduction prints on walls, armed with a torch, step-ladder and hammer - a plot worthy of an Inspector Dalgliesh novel.

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<sup>56</sup> Red Cross Society, "Picture Library Scheme".

The Red Cross Picture Libraries in Britain and Australia provided a substantial picture loan service capable of decorating a wide range of hospitals for 40 years during a period when decorations were supposed to be absent from hospital interiors. The ground breaking work of picture libraries has been omitted from the history of art in hospitals, due to their use of reproduction prints, instead of original artworks. Decoration services provided by the picture library, reinforced the value art had on improving a patient's stay in hospital. By using reproduction prints, the Red Cross was able to exhibit thousands of prints to patients for five decades. This feat would have been impossible if the Red Cross has restricted their art collection to original works.<sup>57</sup> At a management level when the picture library operated at its peak from 1950s– 1980s all prints were treated as original art, each was dispatched with a carefully researched information label, catalogued, restored and rotated between institutions on a regular basis. Academic rigour was added by art historians through the provision of lectures and volunteer staff shared their knowledge and passion for art with patients.

Despite the success of the picture library programs in Britain and Australia, a similar operation was not undertaken by the American Red Cross. The reason for this omission is unclear, but large geographical distances combined with a large private hospital system could explain why they never implemented a picture library scheme. However, a smaller print loan program was started by a group of doctors' wives in New York, during the late 1950s, using the basic concept of the Red Cross Picture Library.

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<sup>57</sup> Australian Red Cross Society, "New Notes - Australian Red Cross Society - Victorian Division - Sixty Eight Annual Report and Financial Statement 1981-1982," 22. There is mention of a representative from the Red Cross Society in the Queensland Branch undertaking a three-day work shop to see how the library operated and assessing the viability of running a similar program. No evidence has been found to indicate a Red Cross Picture Library operated in Queensland.

## *Doctors' wives dabble in art*

At Westmead Hospital in the mid-1970s, a group of doctor's wives had united with an ambitious interior designer to procure a large and nationally significant contemporary art collection.

Interestingly, 30 years earlier another group of doctor's wives, known as the Women's Division, dabbled with art to obtain charitable donations and decorations for their husbands' working environments operated by The United Hospital Fund of New York.<sup>58</sup> Established in 1897, the United Hospital Fund of New York is a non-profit organisation "founded by hospital trustees to obtain benevolent gifts for the hospitals of New York".<sup>59</sup> Primarily the fund has continually focused on improving and developing non-profit health care and hospital facilities throughout the New York area.<sup>60</sup> Reports of a women's group using art to raise money for the funds was first reported in 1947, when *The New York Times* promoted a series of art auctions to be held in private art galleries.<sup>61</sup> Profits from these auctions were to be divided between the art dealer and the Fund.<sup>62</sup> The first auction was held in December 1947 and included the sale of works by luminaries of the art world including Picasso, Toulouse-Lautrec, Diego Rivera and Salvador Dali. This one sale raised an impressive US\$21,870 for the Fund, a substantial sum in 1949.<sup>63</sup>

Prompted by the initial success of their first auction, the Women's Division held a similar event

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<sup>58</sup> "Art Galleries to Aid United Hospital Fund," *The New York Times*, November 7, 1947. "Art Sale to Aid Hospitals," *The New York Times (1857-Current file)*, November 30, 1947. Hirsh, *Saturday, Sunday and Everyday: The History of the United Hospital Fund of New York*, 66-69. The Women's Division had been involved in fundraising for the Fund since 1934 and had initially held "benefits, fashion shows, personal appeals, luncheons and other functions". According to Hirst, these proved ineffective once the effects of the Depression began to affect philanthropic funding and the women had to direct their fundraising activities in other directions.

<sup>59</sup> Feiden, "The Fund at 125".

<sup>60</sup> *Milestones: The Fund's Role in New York City's Health Care History*. Hirsh, *Saturday, Sunday and Everyday: The History of the United Hospital Fund of New York*. According to Hirsh the Fund originated in 1874 when collections were held every Sunday in the Episcopal Church New York to raise funds for the city's various hospitals. By 1878 the fundraising plan had expanded to other churches in the city and a decision to create a formal hospital funding body was detailed in 1878.

<sup>61</sup> "Art Galleries to Aid United Hospital Fund," *The New York Times*, November 7, 1947.

<sup>62</sup> Ibid.

<sup>63</sup> "\$21,870 Art Auction Aids Hospital Fund," *The New York Times*, November 9, 1947.

in October 1948.<sup>64</sup> While art auctions provided a successful fundraising event for the Fund, the Beth Israel Hospital took a more sedate approach to art and held a staff art exhibition in 1949 to allow the hospital's staff to "meet on common ground".<sup>65</sup> These two events emphasise the interest in using art as a means of procuring funds and raising staff morale in the New York area during the late 1940s. Yet an absence of further historical evidence suggests art auctions and staff art shows were isolated events and it was not until a decade later that the Women's Division began an internal decoration program for the Fund's numerous hospitals.

In 1953 the doctors' wives real efforts in procuring art as hospital decorations came to the fore when *The New York Times* reported the Women's Division had created an Arts Committee and were seeking art donations to embellish hospital walls.<sup>66</sup> The Arts Committee agenda was publically discussed by Mrs Hochschild for the first time at a voluntary hospitals symposium as part of a public appeal for 'pictures' to be hung to improve patient care.<sup>67</sup>

"Only a few hospitals in the city now have paintings or other artworks on display in patients' rooms or wards, she said. Properly chosen, she believes, paintings can have a beneficial effect on patients".<sup>68</sup>

To procure works of art, Hochschild noted the Art Committee intended to approach art galleries, museums, art schools and personal collectors for donations to fulfil their ambitious procurement plan.<sup>69</sup> Earlier art auctions had ensured all parties received financial benefits from

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<sup>64</sup> "Art Notes," *New York Times*, September 9, 1948. No data has been found concerning the financial success of the later art auctions.

<sup>65</sup> "Art Is Presented by Hospital Group: Physicians, Nurses and Other Aides of Beth Israel Show Their Creative Work," *The New York Times*, December 14, 1949.

<sup>66</sup> "A Titian a Day Keeps Doctor Away, Hospitals Say in Calling for Art," *The New York Times*, March 4, 1953.

<sup>67</sup> Hirst, *Saturday, Sunday and Everyday: The History of the United Hospital Fund of New York*. 113. A Harold K Hochschild was on the Fund's Distributing Committee from 1952

<sup>68</sup> "A Titian a Day Keeps Doctor Away, Hospitals Say in Calling for Art," *The New York Times*, March 4, 1953.

"Kathrin S. Hochschild, Ex- Trustee of Museum," *The New York Times*, April 2

, 1984. Kathrin S. Hochschild (1900-1984). Mrs Hochschild held various Art Committee positions. Apart from her involvement with the United Hospital Fund, she was a member of the International Council of the Museum of Modern Art. In her obituary she is credited with overseeing Art for Hospitals, and worked to ensure art was installed in over 100 hospitals throughout the New York area.

<sup>69</sup> "A Titian a Day Keeps Doctor Away, Hospitals Say in Calling for Art." *The New York Times*, March 4, 1953.

the sales. By requesting original works of art, the women needed a 'carrot' to entice prospective donors to part with their valuable artistic assets. This enticement was offered in the form of a tax deduction for a percentage of the total value of the art donated.<sup>70</sup> The exact percentage of the tax rebate offered by the Art Committee is unknown but the women realised their requests would be minimal and also noted they would willingly accept donations of reproduction prints.<sup>71</sup> By adding a financial inducement of a tax deduction for art donations, the Art Committee was steering the decoration of hospitals with art into a new commercial direction. To date, all earlier hospital art programs had operated as a charitable endeavour, government employment schemes or used cheap domestic decorations, such as flowers.

Tax incentives for art donations had remained on the periphery of hospital art-work procurement during the first half of the 20<sup>th</sup> century. However, by adding a financial incentive to entice people to donate art, for the first time it became a lucrative business for some. In America it has become a powerful tool for many contemporary hospital based arts administrators, allowing them to procure large art collections and it shall be discussed in the final chapter of this thesis.

Within a month of the Art Committee's original appeal for art donations, reports noted over 200 artworks had been received and placed on display at a commercial art gallery on Fifty-seventh Street, New York for public viewing.<sup>72</sup> The exhibition of donated art in commercial galleries was another new twist in the history of art for hospitals, and gave the general public an opportunity to see what kind of artistic decoration would decorate hospital walls.<sup>73</sup> From subsequent newspaper reports, it appears the initial call for art donations was successful, but no details were provided to indicate the quality or subject matter of the artworks. Then without explanation all

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<sup>70</sup> "Hospital Art," *The New York Times*, May 24, 1953.

<sup>71</sup> Ibid.

<sup>72</sup> "200 Works Collected in Hospital Art Drive," *The New York Times*, May 27, 1953.

<sup>73</sup> Ibid.



reports on the Art Committee's operations disappeared from the public media. This omission raises questions regarding the nature and medium of art procured by the women and what became of the 200 works they collected. Unfortunately an absence of archival material means these questions remain unanswered. However, email correspondence with the Fund's present archivist advised they had never held an original art collection.<sup>74</sup>

### ***The first practical guide to hospital decoration***

Then in 1961, *Planning a Picture Program for Your Hospital* was published by the United Hospital Fund New York, Committee for Art in Hospitals.<sup>75</sup> This 31-page booklet was the first comprehensive guide to provide practical advice for those wanting to establish a hospital-based art collection. It covered all aspects of art collection management, including providing templates for a basic art catalogue, advice on whom to have on an Arts Committee, tips on framing, hanging and long-term collection maintenance. The booklet even provided an amusing list of artistic motifs deemed inappropriate for installation in hospitals. For example, seascapes had to contain the following.

“May be of kinds, from harbour and beach scenes to open ocean, including fishing boats, sailboat races, and flying gulls. The must avoid stormy seas and violent surf, wrecks and derelicts, and suggestion of loneliness or desolation.”<sup>76</sup>

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<sup>74</sup> Shelley Yates, Personal correspondence between the author and Shelley Yates, Librarian, United Hospital Fund of New York., 23 February 2010.

<sup>75</sup> United Hospital Fund, *Planning a Picture Program for Your Hospital*.

<sup>76</sup> Ibid. 11.

Landscapes with the following subject matter were to be avoided.

“They can have no macabre details or forms to suggest cemeteries, gallows, barred windows, confining walls. They must not be threatening in atmosphere with dark brooding mountains or approaching storms, but sunny inviting.”<sup>77</sup>

Once any prospective hospital Arts Committee finally managed to find the ‘right’ sort of cheerful and colourful prints, the next challenge was to ensure it was hung in the correct location.

“Women’s Wards: Flowers, gentle landscapes; children. Men’s Wards: Action pictures, seascapes, with strong colour, vigorous design. Geriatrics: Reminiscent views, large scale easily seen pictures, pleasant colours; flowers; children”.<sup>78</sup>

The Art Committee’s preference of sedate artistic genres reflected those European masters preferred by the Red Cross Picture Library, this ensured the art was unlikely to offend patients by avoiding works by emerging ‘radical’ pop-art and abstract movements of the era. The Art Committee had provided a list of what, when, where and how to hang prints in hospitals. The next problem they addressed involved the logistics of moving an art collection around a hospital on a regular basis. One of the reasons cited for the demise of the Red Cross Picture Library and the Westmead Hospital collection had been their failure to regularly rotate prints. To overcome this issue the booklet suggested creating a hospital art car, which was designed to be pushed around the wards by volunteers distributing prints to patients, in a similar fashion to library books and magazines. The Fund recommended 250 prints would service a 200-bed hospital, allowing for a surplus prints in case of repairs, and offered patients a wider choice of images.<sup>79</sup>

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<sup>77</sup> United Hospital Fund, *Planning a Picture Program for Your Hospital*, 11.

<sup>78</sup> *Ibid.*, 14.

<sup>79</sup> *Ibid.*, 25-56.

## *Art Carts*

The concept of an art cart was not new and was first suggested in 1902, when *The Chicago Daily Tribune* published an article about a Chicago hospital's use of pictures to "Cheer hospital patients".<sup>80</sup> According to the article colour supplements from newspapers and magazines, when mounted on cardboard, were useful in brightening hospital walls. Creating such a "circulating library" of mounted prints, the article noted could be done with "little effort" and would be greatly appreciated by patients. No other historical data has been located to suggest a 'circulating library' was created in a Chicago Hospital until 50 years later when the concept of art carts was revived by nurse Yolanda McKnight. Her article *Pictures for Patients* was published in *The American Journal of Nursing*.<sup>81</sup> McKnight described an art cart program she had helped to establish at the Presbyterian Hospital in New York.<sup>82</sup> The cart was operated by a group of volunteers who wheeled a selection of mounted prints and books around the wards. McKnight provided detailed information on how to mount prints, the cost of running a reproduction print program and even who to approach to make the cart. The below image of the cart suggests it was constructed with wheels much like those on a bicycle (see. Fig. 6-6).

The popularity of McKnight's art cart was further promoted in the *The New York Times*, hailing its success in imparting artistic knowledge through information panels attached to the back of each printed print. That was a strategy used by the Red Cross Picture Library during the same era.<sup>83</sup> From the early 1950s it appears various forms of the art cart became popular additions to American hospitals with accounts of their operations appearing in newspapers from Boston,

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<sup>80</sup> "Pictures Cheer Hospital Patients: Tedium of Hours of Pain Relieved by Prints," *The Chicago Daily Tribune*, May 11, 1902.

<sup>81</sup> Knight, "Pictures for Patients," 718-719.

<sup>82</sup> *Ibid.*, 718-719.

<sup>83</sup> "Art in Big Demand in Hospital Wards," *The New York Times*, January 25, 1951.

New York and Los Angeles during the 1950s and early 1960s.<sup>84</sup> All hospitals used reproduction prints and were operated solely by volunteer groups, yet these were isolated operations and never united under a national body. This may explain why the Red Cross Picture Library was never established in America.<sup>85</sup>



Figure 6-6 Art cart being wheeled around a hospital. Source “Pictures for Patients”, *The American Journal of Nursing* 51, no. 12 (1951). It appears from the photograph the cart’s wheels may have been recycled from a bicycle.

<sup>84</sup> Elizabeth Watts, "It's a Picasso for the Patient If He Wants It at the Mass. General Hospital," *The Daily Boston Globe*, 20 February 1955. A 23. Marjorie Sherman, "Art Wagon Service to Hospital Proves Banner Boston Idea," *ibid.*, 2 March 1958. A 13. Milton Bracker, "Art Liked by Hospital Patients Is Depicted in Ten-Year Study," *The New York Times (1857-Current file)*, 3 December 1961. B9 Marjorie Sherman, "Hospital Wagon," *The Boston Globe*, 4 February 1962. A 27

<sup>85</sup> In the contemporary hospital system, art carts still deliver art supplies to patients. A recent 2008 report *A Guide to Evidence-based Art*, published by the American Center for Health Design, noted that the Mays Clinic in Texas operates a traditional style art cart run by volunteers, which takes "various pieces of art, and ask the patients to choose the art they would like to hang in their rooms".<sup>85</sup> The self-published book *Picture of Health: Handbook for Healthcare Art*, discusses a number of art cart programs operating throughout America.<sup>85</sup> In Britain and Australia the contemporary art cart's main focus is on providing art making materials to patients confined to their ward or bed.<sup>85</sup> This move has transformed the function of an art cart into an art therapy practice.

## *Missing art collection*

Considering hospitals have been berated for an absence of decorations from the 1920s to 1960s the Fund's booklet provided primary evidence that ward decorations were actively undertaken by various volunteer organisations throughout America during this era. The depth of information provided in the booklet, emphasised the wealth of experience the committee had gained over nearly a decade of placing visual decoration into hospitals. Under the heading "Types of Pictures" the Fund rescinded its earlier preference for original works of art and suggested instead that the high costs of insuring and conserving original art made reproduction prints a far more viable option for hospitals. At the time of the booklet's publication it was estimated the Art Committee had procured a collection of more than 2,500 pictures, displayed throughout 87 hospitals and health care institutions overseen by the Fund.<sup>86</sup> These figures indicate a significant hospital decoration scheme was operated by the women of the Art Committee, who clearly understood the value of applying stringent art museum style management practices to all aspects of their art loan program.

While copies of the booklet could be purchased from the Fund, it is impossible to ascertain how many were sold. The copy cited in this thesis was obtained from an American library, as no holdings were located on the National Libraries, Libraries Australia catalogues. A search of the British Library catalogue in July 2011 also failed to locate a copy held by a British library, so it can therefore be assumed the distribution was restricted within America and may have only been around the New York area.

The United Hospital Fund's Art Committee was a highly organised volunteer operation which suddenly ceased operating shortly before the booklet publication in 1961. No reason has been located for the committee's demise, just a small postscript on the second last page of their

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<sup>86</sup> Bracker, "Art Liked by Hospital Patients Is Depicted in Ten-Year Study," 158.

booklet: “The Art for Hospital Committee’s program has discontinued in the fall of 1960”.<sup>87</sup>

After this final note all reference to the committee and their work in a significant number of public hospitals in the New York area disappeared. In an attempt to locate the final home of the Fund’s supposed original 2,500 works of art, the present United Hospital Funds Librarian, Shelley Yates, was again contacted. Yates confirmed the Art Committee was disbanded after 1961 and never held an actual art collection. Yates suggested if any art collection had been procured, it may have been taken over by the Health and Hospitals Corporation (HHC) in New York.

In May 2010 I interviewed the HHC’s art collection curator Gregory Mink, who had no recollection of receiving any artworks from the United Hospital Fund. The fate of the Fund’s illusive art collection remains a mystery. Perhaps the collection, because it was comprised of reproduction prints was not recognised as a ‘real’ art collection by later Fund managers. If so, that is similar to the approximately 7,300 reproduction prints originally held by the Australian Red Cross Society in Melbourne, where many prints merged into the walls of their home institution. It may be that the artworks found their way into garbage skips, along with the visual medical paraphernalia that seems to collect in many public hospitals. In the Fund’s recent published history, *The Fund at 125*, no reference is made of the 1950-60s Arts Committee or an art collection.<sup>88</sup>

The United Hospital Fund and its Art Committee provided primary evidence that hospitals actively encouraged volunteer groups to install artistic decorations on their walls during the 1950s and 60s to improve patient care. One of the most significant pieces of archival data to

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<sup>87</sup> United Hospital Fund, *Planning a Picture Program for Your Hospital*, 28.

<sup>88</sup> Feiden, “*The Fund at 125* New York: United Hospital Fund”.

support this argument was printed on the last page of *Planning a Picture Program for Your Hospital* noting the existence of nine other hospital-based art programs operating during the early 1960s.

1. Art for Hospitals of Westchester County, New York
2. Art for Hospitals in Maryland, Inc. (The name of the organisation was located on the internet, but no information could be located to link it back to hospital decoration programs during the 1950s and 60s).
3. Art Directors Club of Detroit (Established in 1949 to provide original art to hospitals in the Detroit area. The club still operates but I have not been able to locate any evidence of art donations for hospitals)
4. Munson-Williams-Proctor Institute, Utica, New York (loaned artworks to hospitals for exhibition over a 50-year period)
5. Institute of Contemporary Art, Boston, Mass (had operated an art cart and picture lending program for five years, by 1961)
6. South Plains Art Guild & Methodist Hospital, Lubbock, Texas (had been in operation for five years by 1961 displaying paintings from the Guild in a number of local hospitals)
7. Fairfield County Artists & Danbury Hospital, Danbury, Conn ( had a program involving 60 local artists permanently displaying their work within the hospital)
8. Activity Therapy Program, Peoria, Illinois (held art classes and exhibitions within six hospitals in the area)
9. The Red Cross Picture Library Scheme in Britain.

An extensive search within the geographical limitations of this thesis has failed to find additional historical information of any of the above hospital art programs, apart from the Red Cross Picture Library Scheme. The above list provided primary data that hospital-based decorating schemes operated throughout America, however, an absence of archival data suggests they were small programs operating for limited periods. A lack of research data highlights the scant regard

given to these earlier programs by later exponents of the *Arts in Health* movement, who dismissed the experience of these past hospital decorators. Reference to the Fund's original 1961 publication did make one final brief reappearance in a 1964 issue of *Hospital Management Journal*.<sup>89</sup> Bertha Yanis promoted the distribution of reproduction prints to patients with an art cart, almost identical to the one suggested by the Fund. Yanis provided similar details on subject matter and suggested artists and their work deemed appropriate for each area of the hospital.

“Patients who are very ill, The Pont-Neuf – Renoir, The Cutting – Cezanne or Montmartre – Utrillo...The convalescent patient, Blue Boy – Gainsborough, Flora-Rembrandt and The Laughing Cavalier – Hals”.<sup>90</sup>

Yanis stressed the value of using volunteers with a sound knowledge of art history to ensure the construction of a “wholesome and constructive communication” within the hospital.<sup>91</sup> These suggestions mirrored those proposed earlier by the Red Cross Picture Library scheme and the United Hospital Fund, both which ensured thousands of patients never had to look at blank ward walls.

The various art procurements undertaken by the ladies of the Fund's Art Committee and their informative booklet afford primary evidence of a growing trend to formalise the use of art management templates in hospitals. Earlier decoration schemes such as those suggested by Lawrence-Hamilton and the Flower Mission had replicated domestic scale decorations of their era. However, the United Hospital Fund and the Red Cross represented a turning point in the

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<sup>89</sup> Bertha Yanis, "Planning a Picture Program for Your Hospital," 41-42. The article's author Bertha Yanis noted a copy of the Fund's original booklet could be purchased directly from the United Hospital Fund.

<sup>90</sup> Ibid., 42. Montmartre, painter by Utrillo was also one of the prints held by the Red Cross Picture Library in Australia, maybe they had used Yanis' article as a guide for artists selection. However, I have found no documentary evidence to support this claim. Copies of *Hospital Management* are held by the West Australia Department of Health from 1964-1971.

<sup>91</sup> Ibid., 41.



direction of hospital decorations and the start of a long association between the hospital and art world.

Both groups dismissed the idea of installing original art into hospitals, instead restricting their collections to cheap, replaceable prints. The ground-breaking art management work of these two groups was never considered by the later *Arts in Health* professionals, who overlooked their operations because they used prints of past European artistic greats. But if they had looked beyond these issues, they would have realised both parties had implemented management practices that would have protected all future hospital art collections. Do people notice or care if an artwork is an original? Very few people go into a hospital just to view an art exhibition.

Hospital wards have and still are embellished to provide a visual distraction from the reality of needing hospital-based treatments. As template of 'what' and 'how' art could be installed in hospitals had been perfected, it is a pity no one bothered to look at past programs to understand how it could be achieved. Those hospitals fortunate enough to have employed the services of the Red Cross or that had a dedicated group of women operating an art cart ensured their patients had something pleasant to view. However, as demand for public health services increased during the 20<sup>th</sup> century, governments in each country were forced to adopt an austere and clinical approach to hospital decoration.

## Chapter 7

### Plain painted ward: As form follows function

“The cool rationality of the grid spells order and control – no mysterious darkness or dirty corners – and the geometry of the cubic masses registers timeless perfection...Bright impervious surfaces in plaster, white paint, vitreous enamel, glass or stainless steel are not just cleanable but seem to be clean”.<sup>1</sup>

By the mid-20<sup>th</sup> century an increased scientific approach to medical care and growing demands for publicly funded medical services forced government funding bodies to reconsider the architectural design of hospitals. This chapter provides the historical context of why hospital interiors had gained such a formidable reputation by the 1970s. By the end of the Second World War public confidence in hospital based medical care had dramatically increased the need for bed. To cope with this growing demand, governments in each country were forced to assess their aging and fragmented hospital systems.<sup>2</sup> The only way each government could service a growing demand for hospital services, was to adopt an austere, scientific and practical approach to all aspects of health care infrastructure. Visually this new approaches to health care became evident through the implementation of modernist architectural styles. This new design style replaced decorative embellishments with plain, unadorned surfaces, similar to the tiled wards favoured by Nightingale and her contemporaries. Combined with the nationalisation of health

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<sup>1</sup> Blundell Jones, "The Hospital as Building Type," 42-43.

<sup>2</sup> Cartwright, *A Social History of Medicine*, 165-164.

care services, these significant changes to the visual appearance of hospitals had a catastrophic effect on patient and staff wellbeing.

### ***Hospitals reflect modernism***

By the 1920s it became evident that large open plan pavilion wards were unable to support the scientific advancements in health care practices. Large wards with dozens of patients had become impractical as new, specialised medical services were developed. Wards sizes were reduced to accommodate four or six patients and the nurse stations were located in a separate space outside.<sup>3</sup> Factoring in the need to house a “growing arsenal of medical technology”<sup>4</sup> such as bulky X-ray machinery, the sprawling pavilion hospitals had become cumbersome outdated dinosaurs.<sup>5</sup> To accommodate these changes, architects and health funding bodies embraced the new, functional and minimalistic architectural models, developed by the proponents of modernism. This new design was conceived by the highly influential German Bauhaus movement<sup>6</sup> and the American Chicago School established by Louis Sullivan and Frank Lloyd Wright.<sup>7</sup> Each group utilised the latest industrial materials to design sleek, low-maintenance buildings which adhered to the modernist mantra of “form follows function”.<sup>8</sup> By adopting these basic principles, architects created hospitals where wards and specialist areas were vertically

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<sup>3</sup> Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*, 289. By the end of the First World War, hospitals in America had decreased the number of beds in wards and introduced private and semi-private wards to accommodate private patients seeking hospital-based medical treatments. These wards were comprised of easily cleaned surfaces such as “metal bed frames and easy to clean composition floors”.

<sup>4</sup> Sloane and Sloane, *Medicine Moves to the Mall*, 63.

<sup>5</sup> Susan. Francis et al., "50 Years of Ideas: In Health Care Buildings," 6. Before 1948 and the formation of the NHS in Britain, hospitals were classified by their 'building type' for example, general, cottage or workhouse.

<sup>6</sup> Droste, *The Bauhaus 1919-1933: Reform and Avant-Garde*, 9. The Bauhaus School or movement was established in Germany by Walter Gropius in 1919 and introduced a philosophy which promoted functionality as a vital component of all elements of design including architecture, decoration, furniture and art.

<sup>7</sup> Zucker, "The Role of Architecture in Future Civilization," 30-33. Sullivan was part of the Chicago School, and, with his student Frank Lloyd Wright, was considered the first group of architects to introduce modernist architecture into America during the late 19<sup>th</sup> century. Sullivan's mantra, combined with the Bauhaus design principles, provided architects with the ideal template for 20<sup>th</sup> century hospitals. As yet one Paul Zucker argued when governed by Sullivan's modernist mantra responsible for created buildings often considered as “[Was] somewhat scientific, but as trite and as devoid of creative impulse”.

<sup>8</sup> Sullivan et al., "What Is Architecture: A Study in the American People of Today ", 9.

stacked on top of each other. All areas were accessed by lengthy corridors linked to a central lift system and street level entrance foyer. Architect Isadore Rosenfield called these new medical institutions ‘skyscraper’ hospitals.<sup>9</sup> Built from industrial grade materials including precast concrete, perspex, linoleum and hardened glass, these new hospitals were devoid of decorative embellishments and created prosaic clinical environments.<sup>10</sup>

“The cool rationality of the grid spells order and control – no mysterious darkness or dirty corners – and the geometry of the cubic masses registers timeless perfection...Bright impervious surfaces in plaster, white paint, vitreous enamel, glass or stainless steel are not just cleanable but seem to be clean.”<sup>11</sup>

For academic Michael Grimes, the adoption of the ‘skyscraper’ design transformed hospitals into “temples to high technology” proliferated by maze-like interiors composed of “white cube-shaped” wards and treatment rooms.<sup>12</sup> This term originated from the ‘white cube’ aesthetic developed in the early 1930s by the Museum of Modern Art in New York (MOMA). The museum’s exhibition style was designed to emphasise the autonomous nature of modern art. However, hospitals were not art galleries, and plain painted wards were not always punctuated by colourful works of original art. Instead plain painted ward walls induced a clinical institutional aesthetic blamed for fostering the notion of an uninviting hospital environment. Designers of this new hospital style did not purposely remove decorative elements, as they never considered them, in buildings designed for their practicality, rather than their aesthetic beauty.

Yet, not all health bodies could afford to build new hospitals and often governments were forced to undertake superficial renovations of their existing health care infrastructure. This often

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<sup>9</sup> Rosenfield, *Hospital Architecture and Beyond*, 37. Isadore Rosenfield described this style of building as producing “monobloc...ostensibly, [where] structures and utilities would stack up rationally”.

<sup>10</sup> Francis et al., “50 Years of Ideas: In Health Care Buildings,” 6-7.

<sup>11</sup> Blundell Jones, “The Hospital as Building Type,” 42-43.

<sup>12</sup> Grimes, “Choosing Art for Hospitals,” 10-12. The original ‘white cube’ aesthetic was first introduced by the Museum of Modern Art, New York, in the 1930s to highlight the autonomous nature of the modern art movements.

involved “gutting and fixing up inside with false ceilings, false walls, to achieve a fancy-dress modernity”.<sup>13</sup> These basic cosmetic changes resulted in the collision of past and present conflicting approaches to the decoration of wards throughout the late 20<sup>th</sup> century.<sup>14</sup>

“The standards of hygiene rightly expected in a hospital are not compatible with the provisions of extensive soft furnishings which could add a homely touch to a clinical environment”.<sup>15</sup>

Implementations of scientific discoveries made in medical care significantly improved treatments but patients were forced to undergo these in clinically plain institutions almost as foreboding as their workhouse ancestors.<sup>16</sup> While patients might have felt alienated, some medical professionals embraced the new minimalistic approach to ward design. In 1926 American nurse Martha M. Russell wrote approvingly of her ideal modernist ward.

“Grey in some pleasant shade, it is very attractive, while a dark bedstead and chair may make a pleasing contrast to light walls and floors. Pictures on the walls, except in day rooms or solariums, are of very doubtful value, as the taste of patients varies so radically that what one enjoys, another finds annoying. Cretonne or stencilled hangings are objectionable in that they constantly entice a patient to count, so many across, so many up and down...until his weak and weary brain feels exhausted with the effort, yet is unable to escape from its fascination.”<sup>17</sup>

Patients confined in such a ward were surely numbed into a submissive trance like state of boredom (See. Fig. 7-1). Nightingale would have been horrified at the thought of patients

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<sup>13</sup> Cohen, *What's Wrong with Hospitals?*, 136.

<sup>14</sup> Moss, *Art & Healthcare: Handbook of Healthcare Arts*.

<sup>15</sup> *Ibid.*

<sup>16</sup> Kisacky, "Restructuring Isolation: Hospital Architecture, Medicine, and Disease Prevention," 4. Kisacky wrote about the significant changes to ward design prompted by the understanding of how germs were transmitted between patients, and that isolation could hold the spread of certain diseases.

<sup>17</sup> Russell, "Hospital Furnishings," 845.

cocooned in such an austere environment. She at least had recommended wards be painted pale pink.<sup>18</sup>



Figure 7-1 An austere American hospital ward at the Los Angeles County General Hospital in 1925. Source USC Digital Archive ID – chs-m1816

By the end of World War One, plain unadorned hospital interiors reflected a no-frills approach implemented by governments to all aspects of publicly funded health care. Plain painted walls visually reminded patients they should be grateful for publically funded medical care services and spending on homely comforts was seen as an unnecessary waste of public funds. However, not everyone was convinced, and a British theatre set designer had one final flamboyant attempt at

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<sup>18</sup> Nightingale, *Notes on Nursing: What It Is, and What It Is Not*. Her personal choice for hospital ward was a pale pink, which would reflect the natural light streaming in through the large windows. Knighton *The Use of Colour in Hospitals*. *ixx*. Knighton noted that by 1955 the annual budget for decorating and rebuilding hospitals in Great Britain was between, stg£4,000,000 and stg£5,000,000.

convincing doctors that colourful wards were the only way to treat shell-shocked armed forces patients.

### ***Kemp-Prossor and his multi-coloured ward***

In October 1917 *The Lancet* published an article outlining the therapeutic ‘colour theories’ of Mr. H. Kemp-Prossor a British theatre set designer (sometimes referred to as Kemp Prosser or Professor Kemp-Prosser).<sup>19</sup> He believed traditional dark hospital interiors had a “saddening” effect on patients suffering from shell shock and depression, and proposed all wards should be painted in colours reflective of the natural environment.<sup>20</sup> He therefore recommended walls and furnishings should be painted “greenish yellow to represent the colour of foliage in spring” ceilings a “bluish” colour and mauve coloured fabric curtains.<sup>21</sup> The only decorative element allowed in the room was a reproduction print of “Maidstone” in spring. The reason for this particular subject matter is never explained by the author. Kemp-Prossor was confident that any ward painted in this rainbow of colours would have a “cheerful” effect on any patient and promptly alleviate their depressed state (See. Fig.7-2).

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<sup>19</sup> "A Colour Ward," 542. "Vandeville in "the New Manner"," *The Boston Evening Transcript*, April 8, 1914. "A Cheerful Movement," *The Examiner*, May 30, 1914. This short article noted Kemp-Prossor proposed that the outside of all houses should be painted in ‘gay colours’. Unfortunately the article does not Kemp-Prossor’s concept of a ‘gay’ colour scheme. Despite extensive searching I have been unable to find any information to suggest Kemp-Prossor had any formal medical training.

<sup>20</sup> "Glimpses of Christmas: View Day at St Marylebone Infirmary," 5. The article reported many hospitals were painted shades of “monotonous brown dados and walls coloured with a view of durability rather than beauty”.

<sup>21</sup> "A Colour Ward," 542. Accounts of Kemp-Prossor’s coloured ward were also published in the following: "Airisms from the Four Winds," 747. E N Snowden, "Report on the Kemp Prossor Colour Scheme," 522-523.

**THE KEMP-PROSSOR "COLOUR-CURE"**  
 Ward at the McCall Hospital, Welbeck Street, W.,  
 for shell-shock and nerve cases. The sense of con-  
 fusion from which such patients suffer is done away with by painting  
 the ceiling Firmament Blue, walls Sunlight Yellow, window-frames Spring  
 Green and furniture and furniture Swedish Pine-wood — the special  
 colors advised by Mr. H. Kemp-Prossor and made to his exact specifications  
 and approval only in

**Berger's  
 MATONE**  
 Leadless, Flat Oil Paint  
 Lewis Berger & Sons, Ltd., Hamerton, London, E.9.

"Mr. Kemp-Prossor's  
 'Colour-Cure'  
 Colors in  
 London in  
 1790"

Written by H.  
 Matone Colman  
 on request for

Figure 7-2 Advertisement for Kemp-Prossor's multi-coloured hospital room give provides a visual indication of how it would have looked. Source John Gage "Color and Meaning: Art, Science, and Symbolism". Los Angeles: University of California Press, 1999. 208.



Regardless of his obvious enthusiasm for devising a cure for depression through colour, it appeared many within the medical profession were unwilling to expose their patients to Kemp-Prossor's kaleidoscope coloured ward. Archival data shows one British hospital, the Maudsley Neurological Clearing Hospital, was brave enough to paint a ward exactly to Kemp-Prossor's colour specification. The following account of the patient's response to being cocooned in 'nature' was published in 1919.

The colours are well chosen and the whole effect of the wards is bright and pleasing, if somewhat unrestful to the ordinary observer...it does not appear that the particular scheme of decoration here described has any more effect than would be achieved by any cheerful decoration chosen by an expert in the blending of colours...There can be no doubt that a happily decorated hospital must be a more cheerful place to live in than one that is decorated with usual dull colours chosen for utility and economy, but it would be incorrect to state that the scheme of colours which is the subject of this report can in any sense replace recognised psychotherapeutic methods.<sup>22</sup>

Following the above article's publication, Kemp-Prossor's foray into hospital colour design was quietly dismissed as the idle dalliances of an eccentric by many in the medical profession. Several years later, accounts of Kemp-Prossor's theories on colour were briefly syndicated in an Australian newspaper during 1921, reporting he advised American penitentiaries on how coloured cells in gaols would cure criminals.<sup>23</sup> Later reports from Canada and South Africa suggested he persisted in trying to introduce his "coloured ward" into hospitals as late as 1951.<sup>24</sup>

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<sup>22</sup> Snowden, "Report on the Kemp Prossor Colour Scheme," 522-523.

<sup>23</sup> "Colours to Cure Criminals," *The Argus*, August 29, 1921. "Colour and Crime," *The Western Argus*, June 7, 1921.

<sup>24</sup> "Colour in Hospital Rooms," 104. The article mentions consideration was given to creating a blue hospital room at the Mount Sinai Hospital in Toronto, however, the colour was thought to act as a depressant. Meanwhile, a yellow hospital ward was recommended if the ward was north facing and pink was advised for obstetric wards! The article does not mention hospital wards comprising multiple colours promoted by Kemp-Prossor. Amy G. Nurse, "Movable Murals," 563-564. The author of this article stated Kemp-Prossor's colour schemes were considered by the Union of South Africa Public Works Department for the country's Mental Hospitals.

Kemp-Prossor's colourful approach to hospital decoration was an isolated experiment and it was not until the final years of the Second World War and the nationalisation of health services that the colour of hospital walls was seriously debated by interior designers and health authorities.

### ***Government sanctioned colour palettes***

It is hard to define an exact date when the decoration of hospitals came under government control but it can be linked to the gradual corporatisation or nationalisation of health services from the late 1940s onwards. In Britain, the National Health Service or NHS was created in 1949.<sup>25</sup> This brought the daily management of all health services under a central administration,<sup>26</sup> while in America the Hill-Burton Act of 1947 created a partially publicly funded health system for those considered disadvantaged by the state.<sup>27</sup> In Australia, the Public Health Act was passed in 1929 to oversee all aspects of the country's public health services, eventuating in the creation of Medibank in 1975 and rebranded Medicare in 1984.<sup>28</sup> These reforms resulted in each country's publicly funded health system offering various degrees of medical care by the late 20<sup>th</sup> century.<sup>29</sup> These broad changes in who provided basic health services meant each government undertook the financial responsibility for maintaining a wide range of hospital infrastructures, including internal decorations.

Nationalising the funding model for future hospitals increased the use of cheap, low maintenance decorating materials. Hospitals were now illuminated day and night by electric

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<sup>25</sup> CHOICE, "History of the NHS".

<sup>26</sup> Hughes, "The "Matchbox on a Muffin,": The Design Of Hospitals in the Early NHS," 22. Hughes noted the British Government inherited 2,800 hospitals and an approximate 500,000 beds with 45% of hospitals built before 1891, in 1948 during the creation of the NHS.

<sup>27</sup> Sloan et al., "The Demise of Hospital Philanthropy," 732.

<sup>28</sup> Scotton and Macdonald, *The Making of Medibank*.; Biggs, "Medicare- Background Brief." Barnett, Ross, J, and Laurie Brown, J. "Getting into Hospitals in a Big Way"; the Corporate Transformation of Hospital Care in Australia," 289. According to Barnett and Brown, a gradual corporatisation of Australian hospitals has been occurring since the 1970s with increase of overseas funding for private hospitals and some diagnostic services.

<sup>29</sup> History of Public Health in Australia.

lights, were temperature controlled and painted with uniform colour palettes dominated by an insipid shade of cream, commonly known as magnolia.<sup>30</sup> This colour, loathed by many medical professionals, was responsible for producing interior spaces of dull ‘cream cubes’ rather than a clinical ‘white cubes’ noted by Grimes. Gerda L. Cohen poetically described how this colour created disagreeable internal hospital environments.

“Painted the colour of old cheese...corridors varnished dung-brown to hide the scuffing and overall the damp odour of lingering vegetables.”<sup>31</sup>

Publicly funded hospitals by the mid-20<sup>th</sup> century adopted similar colour tones, advocated by art therapists and government departments. One of the first colour guides published in 1944, *Hospital Color and Decoration*, written by American Raymond P Sloan, provided detailed lists of suitable colours for all areas of a hospital.<sup>32</sup> Sloan wrote that previous hospital colour schemes were chosen for their sensible approach as “beauty and practicability were considered as incompatible as the proverbial oil and water”.<sup>33</sup> Similar to the United Hospital Funds later publication, Sloan recommended each area of a hospital be given its own unique colour scheme.

<sup>34</sup> He suggested, semi-private wards for men and women be painted with the following colours.

“For men -“Walls – North- Warm Tan. South – Rich Yellow. Ceilings- Natural or Eggshell.” For Women –“Walls – South – Soft Grey. North – Pale Peach. Ceilings – Peach or Pale Yellow”.<sup>35</sup>

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<sup>30</sup> Knighton, *The Use of Colour in Hospitals*.

<sup>31</sup> Cohen, *What's Wrong with Hospitals?*, 130.

<sup>32</sup> Sloan, *Hospital Color and Decoration*.

<sup>33</sup> *Ibid.*, 1.

<sup>34</sup> *Ibid.*, xiv.

<sup>35</sup> *Ibid.*, 232.

For Sloan, plain painted walls created the ideal hospital environment and he recommended the removal of aged, donated paintings or portraits of past medical staff.

“If pictures seem to be needed, well and good. But again let us be chary of hand-me-downs. The steel engravings of Grandmother’s day depicting faithful Rover, holding limp in his mouth a tiny figure he has rescued from the icy river, have no place in these modern times. The decorative value of portraits of hospitals founders and benefactors might also be questioned.”<sup>36</sup>

The book emphasised the practicality of adopting such schemes, as a means of reducing cleaning and creating a mournful atmosphere, which he claimed permeated many hospitals when they were strewn with faded and broken furniture and ad-hoc framed prints. Sloan made the bold claim that any hospital adopting his colour scheme would reduce ongoing decorating costs.

Extra funds could also be saved by restricting the use of patterns to curtains or soft furnishings, which could easily be replaced without a need to repaint walls or replace carpets (Sec. Fig.7-3).<sup>37</sup>

The influence of Sloan’s colour theories beyond America has been hard to substantiate, but similar tonal palettes were adopted by British health officials.<sup>38</sup>

To support the financially enforced ‘minimalism’ approach to hospital decoration, several British publications followed Sloan’s earlier colour suggestions and provided lists of government sanctioned hospital colour schemes for all NHS hospitals. These included *The Use of Colour in Hospitals and Clinics* by R F Wilson in 1950<sup>39</sup> and *The Use of Colour in Hospitals* by P H Knighton, published in 1955.<sup>40</sup> Both Wilson and Knighton recommended a peach-based paint (magnolia) as a neutral colour choice for all hospital interiors, although Knighton suggested ‘oxford blue’

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<sup>36</sup> Sloan, *Hospital Color and Decoration*, 46.

<sup>37</sup> Mustard, "The Nurse on the Hospital Planning Committee," 1242. In her article Mustard also supported the introduction of patterns into a hospital environment purely through the use of soft furnishings.

<sup>38</sup> Knighton, *The Use of Colour in Hospitals*.

<sup>39</sup> Wilson, "The Use of Colour in Hospitals and Clinics," 317-322.

<sup>40</sup> Knighton *The Use of Colour in Hospitals*.

carpet in waiting rooms added a sense of comfort for patients and their families.<sup>41</sup> As shown in the copy of the colour palette from Knighton's book, his choices were sedate and uninspired compared to Kemp-Prossor's earlier vibrant suggestions (See. Fig. 7-4).

While selecting the right coloured paint for your home is a tedious process, government departments were also forced to consider the implications of colour in hospitals. In 1955 the NHS ordered the first of two reports, *Studies in the Function and design of Hospitals* undertaken by the philanthropic Nuffield Foundation, published in 1955 and 1960.<sup>42</sup> These reports were commissioned to provide research on how the NHS could improve all aspects of the country's vast public health system. While the reports provided detailed charts on lighting and building structure, limited consideration was given to the internal decoration, beyond the recommendation all interior spaces be painted various shades of uninspiring 'pale warm grey' and 'ivory'.<sup>43</sup> These reports failed to consider the long-term impact these insipid colours would have on the wellbeing of patients and staff.

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<sup>41</sup> Knighton *The Use of Colour in Hospitals*.

<sup>42</sup> Wilson, "The Use of Colour in Hospitals and Clinics," 317-320. Knighton, *The Use of Colour in Hospitals*; "Studies in the Functions and Design of Hospitals," (Nuffield Provincial Hospitals Trust University of Bristol, 1955); "Studies in the Functions and Design of Hospitals: The Report of an Investigation Sponsored by the Nuffield Provincial Hospitals Trust and the University of Bristol," (London: Oxford University Press, 1960). Unfortunately I have been unable to gain access to the 1955 edition, however the 1960s study noted little had been done to improve the physical appearance of British hospitals in decades. Despite the recommendations made by Kemp-Prossor 40 years earlier, many still retained their Victorian dark green, red and cream painted walls.

<sup>43</sup> "Studies in the Functions and Design of Hospitals: The Report of an Investigation Sponsored by the Nuffield Provincial Hospitals Trust and the University of Bristol," 109-113. McCreddie, "A Hospital Colour Scheme," 1687-1689. James Ross, A and T McNair, J, "Hospital Colour Scheme," 342. Savill, "Hospital Colour Scheme," 484. An observation confirmed by D W A Mc Creddie's and others in a discussion on the drab interiors of NHS hospitals.



Figure 7-3 Copy of Sloan's proposed colour chart specifically designed for the internal hospital spaces. Raymond P Sloan, "*Hospital Color and Decoration*". Chicago: Physicians' Record Company, 1944.



Figure 7-4 Colour chart selections recommended for British NHS hospitals in P H Knighton’s publication “*The Use of Colour in Hospitals*”. Newcastle: Newcastle Regional Hospital Board, 1955.

The nationalisation of health care infrastructure trapped the decoration of hospitals between two architectural styles, as government health bodies attempted to either modernise older pavilion style institutions or finance new skyscraper hospitals. Detailed paint charts failed to improve the worn physical appearance of older hospital buildings, confirmed by Susan Black’s description of the drab atmosphere patients faced during the 1950s.

“New patients had their confidence sapped by gloomy and echoing halls, an impersonal bustle which hardly encouraged human contact, and at the end of it all found themselves neatly filed in a narrow bed in a drably-tiled ward. Complete with decidedly unpleasant curtains and bedspread, dark brown or green scoured floor of

indeterminate composition, and a “stack” in the centre bearing weary flowers and curling X-rays”.<sup>44</sup>

This is a very different description of wards compared to the Victorian era, when flowers and framed prints brought a sense of domestic comfort to hospitals.

No Australian publication on preferred decorating and colour schemes for hospitals during the same era has been located, however, as copies of Knighton’s book and the 1960s Nuffield study were sourced from Flinders University, Medical faculty Library, Adelaide, South Australia it can be assumed a similar colour palette was prevalent in Australia. In 2009 I was given a tour of Auburn Hospital in New South Wales 2009 shortly before its demolition. During this tour I viewed endless magnolia painted corridors, and wards punctuated with the occasional baby pink door frames. At Westmead Hospital, wards were originally painted magnolia, door frames and doors were a dark olive green, a colour tone reminiscent of ‘British Coal Board Green’.<sup>45</sup> These colour schemes were not restricted to hospitals and became standard institutional tones, synonymous with a range of public buildings including schools and government departments throughout the 20<sup>th</sup> century.<sup>46</sup> In many ways the institutional aesthetic, triggered by the need to find a cheaper way to rebuild aging inefficient hospitals, resulted in removing the human element of care previously used to distinguish hospitals from their workhouse past.

### ***Linoleum flooring***

One of the most banal sights in any hospital are their endless unadorned corridors, punctuated by doors, confusing signage and grey linoleum flooring. This soulless practical floor covering

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<sup>44</sup> Black, "Interior Design Trends," 24.

<sup>45</sup> Dix, "Does NHS Art Make You Sick?," 22. When I began cataloguing the Westmead Hospital art collection in 2005, many wards were still painted dull shades of cream, punctuated with olive green door frames.

<sup>46</sup> Knighton, *The Use of Colour in Hospitals*. In his introduction, Knighton noted his colour selection was based on the Ministry of Education’s booklet on “The Use of Colour in Schools”.



has been credited with increasing the clinical appearance of wards. According to historian, Pamela H. Simpson, the hygienic properties of linoleum were first recorded in Germany in 1913, when it was discovered the material's chemical composition produced "germicidal gas" making it the ideal internal material for hospital.<sup>47</sup> The durability of linoleum became evident when it was used during the early 20<sup>th</sup> century as flooring in British and American navy ships.<sup>48</sup> It was from this naval association that grey coloured linoleum became known as "battleship grey", a tonal characteristic associated with a range of public institutions including hospitals.<sup>49</sup> The ubiquitous linoleum floor material was later replaced by vinyl and PVC tiles but they did little to reduce the foreboding clinical feel and echoing sound of public hospitals.

As the internal appearance of publically funded hospitals continued to decline, those working in the cream and grey toned institutions began to vent their disapproval in medical magazines. In 1969 Dr John Agate's article, *Colours in Hospitals* lamented the depressed state of the British NHS-funded hospitals, especially the absence of decorations in wards and corridors.<sup>50</sup> To overcome this omission and comply with stringent hygiene issues, Agate suggested patterned floor tiles should be introduced as a 'way finding' tool to identify hospital departments and assist patients' navigation through large skyscraper hospitals.<sup>51</sup> He added the following cautionary note about the possible perils of using patterns on hospital floors.

"We found that a two-colour scheme of stripes is sometimes too insistent and stark, a four-colour scheme too confusing but three colours seems to serve very well...one of

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<sup>47</sup> Simpson, "Comfortable, Durable, and Decorative: Linoleum's Rise and Fall from Grace," 22.

<sup>48</sup> Ibid., 22.

<sup>49</sup> Ibid., 22.

<sup>50</sup> Agate, "Colour in Hospitals," 13-17.

<sup>51</sup> Ibid., 13-17.

the mistakes is floor tiles laid in a diagonal pattern, where unsteady patients are trying to walk [might] send them tottering sideways.”<sup>52</sup>

Agate’s cautionary note conjured up disturbing images of patients ‘tottering’ along magnolia wards and corridors, disorientated by a myriad of patterned flooring. Perhaps understandably no detailed history on the evolving history of hospital floor coverings has been located. Vinyl flooring is now used extensively throughout most public hospitals, due to its sturdy properties and occasional decorative qualities. However, the battleship grey linoleum has since been replaced with a pale blue flecked, vinyl flooring which radiates a new 21<sup>st</sup> century form of the clinical hospital interior.

### ***Flooring as way-finding***

While Agate’s initial attempts at using flooring as a ‘way finder’ were fundamental, by the late 1990s a variety of decorating techniques were used to help patients, visitors and staff navigate their way around large, busy hospitals. Research into their viability was undertaken as part of a study by the James Cook University Hospital, in Durham (UK) *Designing for Health: Architecture, Art and Design at the James Cook University Hospital* in 2005.<sup>53</sup> The report found most respondents failed to notice artworks, coloured themes or patterned flooring planted throughout the hospital to assist in way finding. In 2007 Josie Aston’s report *When the Architects Leave: Maintaining artworks in the hospital environment*, discussed the long-term maintenance issues caused when contemporary, patterned flooring is installed.<sup>54</sup> Aston wrote that hospital based arts co-ordinators were moving

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<sup>52</sup> Agate, "Colour in Hospitals," 14.

<sup>53</sup> Macnaughton et al., "Designing for Health: Architecture, Art and Design at the James Cook University Hospital," (Durham: University of Durham, 2005).

<sup>54</sup> Josie Aston, "When the Architects Leave: Maintaining Artworks in the Hospital Environment,"

away from using patterned flooring due to its lack of flexibility in constantly changing hospital environments.

### ***Clinical wards remain***

The archival evidence in this chapter has shown the decoration of hospitals from the First World War was driven by strict austerity and scientific advancements in medical care, both of which dictated the enforcement of a generic environment which alienated staff and patients. There is a gap in the research data for Australian hospitals during the latter half of the 20<sup>th</sup> century, suggesting they followed their British counterparts. In America the gulf between the publicly and private funded sector has resulted in an absence of historical data on the overall decorating trends during this era, beyond a preference for plain painted walls.

Ironically the removal or absence of art or decorations in wards was the focus of pop artist Richard Hamilton's art installation titled *Treatment Room* (1983-84). Hamilton's installation was a visual metaphor for the 1980s ward, with a bare bed surrounded by green and magnolia painted walls and no evidence of human comfort (See. Fig 7-5). The ward was meant to reflect the environment many people faced when entering a NHS operated hospital. Over the bed Hamilton placed a television screen playing footage of former Prime Minister Margaret Thatcher to remind NHS patients of who was responsible for the severe underfunding of publically funded health services. This sentiment was repeated by academic Malcolm Miles who believed public hospitals by the late 20<sup>th</sup> century had lost their welcoming 'domestic' environment.

“There are the old and dilapidated buildings, beleaguered by poor lighting, dreary colour schemes and a general air of neglect which unnerves the people forced to enter their decrepit premises. Then there are the new, dehumanised alternatives, where

brightness often appears alarmingly clinical and patients easily feel dwarfed by impersonal vastness. 'They may be functional, but they are certainly not beautiful'.<sup>55</sup>

The introduction of easy-to-clean industrial grade materials in all areas of hospital environments has left a permanent legacy on current health care sites. Patient waiting rooms are still characterised by their pale blue walls punctuated by racks of graphic medical brochures, outdated magazines, worn children's toys and the occasional dusty pot plant. Even with countless evidence-based design reports and public appeals for improvement, hospital interiors have been unable to shift this entrenched minimalistic approach to decoration. It is an aesthetic so embedded in the scientific world of modern medicine, that we accept the drab surrounds as normal. Any extra decorations, especially original art, are still an anomaly in many 21<sup>st</sup> century hospitals. This clinical approach has been exacerbated by decades of chronic underfunding of health services and a lack of cohesive agreement on how to decorate hospitals.

If any decoration of hospital wards was going to occur in this economically and scientifically driven minimalism, it would be reliant on the group of professionals forced to work daily in the 'cream cubed' wards. Nurses have been the primary decorators of their working environment since the establishment of professional nursing training during the mid-19<sup>th</sup> century. Despite changes in the architectural design of hospitals, nurses continued a long tradition of decorating their working environments with domestic comforts until the late 20<sup>th</sup> century.

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<sup>55</sup> Miles, *Art for Public Places*, 189.



Figure 7-5 Insert Richard Hamilton's "Treatment Room." Mixed Media Arts Council Collection 1984. Source, <http://www.artscouncilcollection.org.uk/loadWork.do?id=1498> (accessed January 20, 2014).

## Chapter 8

### Nurses: The forgotten decorators

“Nursing is one of the greatest Arts. Science has given nursing the forward movement, but Art has really caused the actual movement to be felt”.<sup>1</sup>

Since the development of professional nursing training, nurses’ decorating endeavours have been dismissed as domestic dalliances involving Christmas decorations, flowers and framed prints.<sup>2</sup> Nevertheless, not all their acquisitions have been on a small scale and by the 1990s some nurses had raised funds to commission substantial pieces of art for hospital foyers and wards. This chapter illustrates the creative talents of nurses, who orchestrated a range of artistic mediums, procured to improve the physical appearance of their working environments. Without the voluntary work of these unsung art heroes wards would have remained clinical banal spaces well into the late 20<sup>th</sup> century. Since the mid-19<sup>th</sup> century this dedicated and often overlooked group of medical professionals has played a vital role in the historical narrative of decoration and art installations in hospitals.

#### ***Christmas decorations of cotton wool and candles***

From the late 19<sup>th</sup> century regular reports were published in *The Lancet* and *British Medical Journal* discussing doctors’ preferences for dust-free surfaces and unadorned walls.<sup>3</sup> Despite these

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<sup>1</sup> MacKeller, "Art in Modern Life," 128.

<sup>2</sup> "Within the Hospital Walls: A Matter-of-Fact Narrative," 1195. The article described the admission of a patient into a public hospital ward in London and noted that the ward was decorated with “dark green walls [were] relieved by coloured pictures from the *Graphic* and *Illustrated London News*.”

<sup>3</sup> Pope and Brown, *The Monthly Homoeopathic Review*. A Dr Yeldham submitted a letter to the journal noting that decorations within hospital wards restricted the flow of fresh air and increased the risk of infection to patients.

directives, nurses who spent the vast part of their working day in the wards, understood the value decorations had on improving patient and staff morale. They installed a plethora of decoration, including coloured prints sourced from popular magazines such as *The Graphic* to flowers and soft furnishings to brighten ward atmospheres for their patients.<sup>4</sup>

At Christmas nurses used their impressive decorating and craft talents and transformed wards into ‘winter wonderlands’ through the creation of intricate tableaux, constructed from candles and medical supplies such as cotton wool. Detailed accounts of these festive decorations were published in newspapers, praising the wonderful work of nursing staff which brought the “Christmas Spirit” into the wards for patients and their families.<sup>5</sup> Photographs from the late 1800s illustrate how wards were transformed, with an abundance of lanterns, wreaths and streamers, all created in the nurses’ limited spare time and funded from their meagre wages (See Fig. 8-1).<sup>6</sup>

“To cheer [these] unfortunate patients, charitable attempts are made by some of the sisters to make up for it in their own wards; and, by raising small sums from the members of the staff, and those interested in the hospital, they are enabled to get up a few decorations or a Christmas tree, with some little present for each patient”.<sup>7</sup>

Nurses at the University College Hospital, London, in 1874 were congratulated for supplying their ward with a Christmas tree and building “a large fully-rigged ship, which in addition to

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<sup>4</sup> "Yoicks, Tally Ho!" *The Graphic*, 1887.

<sup>5</sup> "Christmas in Hospital," 14. "Christmas at the General Hospital," *The Bristol Mercury*, December 28, 1872; "Christmas in Hospitals," 71. "Christmas Decorations," *The New York Times*, December 21, 1878. "Notes at the London Hospital," *The Graphic*, December 27, 1879. "Manchester Bible Flower Mission," *Manchester Times*, September 20, 1879. "Christmas and the New Year in the Metropolitan Hospitals," 125-127. "Christmas at the Hospitals," *The Bristol Mercury and Daily Post*, December 27, 1880. "Medical News," 87-88. "District News," *The Bristol Mercury and Daily Post*, December 26, 1885. "Yoicks, Tally Ho!; "Christmas in Birmingham," *The Birmingham Daily Post*, December 26, 1888. "Christmas: In the Hospital and Homes," *The Brisbane Courier*, December 25, 1897. Kinney, "Some Christmas Days in Army Hospitals," 155-163.

<sup>6</sup> "Nursing Echoes," 473.

<sup>7</sup> "Christmas in Hospital," 14.

being credibly built, was ably and fully rigged... almost seaworthy and tastefully lighted".<sup>8</sup> In Birmingham, nurses at the Jaffray Hospital during Christmas 1888 used lanterns and fake snow to decorate their ward.

"The hall clock looks as if Jack Frost had devoted the whole of his energies to hide it from view, only its plane face being visible from under a mass of imitation snow. Chinese lanterns are suspended from the ceiling, and every nook available for decoration has been attended to".<sup>9</sup>

In Australia three nurses at the Brisbane General Hospital in 1897, Misses Vasey, Clarke and Flegeltaub transformed their ward with nautical themed decorations.

"Pendant from the centre of the room was a large anchor covered with crinkled paper of various colours. In the middle of the ward there was a king of evergreen trophy, forming the base for a benignant figure of Father Christmas".<sup>10</sup>

At an American army hospital in the Philippines, during the early 1900s, nurses celebrated Christmas with an enthusiastic display of "stars and stripes, ferns, brilliant blossoms, orange branches full of fruit and palms six feet high".<sup>11</sup>

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<sup>8</sup> "Christmas in Hospitals," 71.

<sup>9</sup> "Christmas in Birmingham," 5.

<sup>10</sup> "Christmas: In the Hospital and Homes," 6.

<sup>11</sup> "Some Christmas Days in Army Hospitals," 156.





**Figure 8-1 A London hospital ward festooned with Christmas decorations. Kings Hospital, London.** Source, Kings Trust London. <http://www.kingscollections.org/exhibitions/archives/lister/lister-at-kings-college-hospital> (accessed January 20, 2014).

Regardless of the obvious pleasure brought from creating and viewing Christmas decorations, the excessive approach nurses took in decorating their wards began to irritate budget conscious hospital administrators, and in 1904 calls for restraint were published in *The British Nursing Journal*.<sup>12</sup> The article addressed the concerns of some doctors about the squandering of valuable medical supplies, such as the excessive use of cotton wool<sup>13</sup> taken to make imitation snow.<sup>14</sup>

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<sup>12</sup> "Christmas in Hospital," 506.

<sup>13</sup> *Ibid.*, 506.

<sup>14</sup> "Christmas and the New Year in the Metropolitan Hospitals." 126. The article provided various accounts of Christmas decorations in British hospitals including the following from St Mary's Hospital London: "In the accident-ward, where cotton-wool was used to imitate snow in a very seasonal manner". This suggests the use of cotton wool for decorations was not always such a contentious issue with hospital administrators.

The following description illustrates the excessive and controversial nature of Christmas decorations made from 'hospital property' at the end of the 19<sup>th</sup> century.

"We once were introduced in a hospital at this season to the 'snow baby' of the ward. The quilt and curtains of the cot were of sheets of cotton wool (hospital property, doubtless) artistically decorated with trails of ivy and with holly and mistletoe, elaborate work which must have taken hours to design and carry out we confess we had no eyes save for the tiny occupant; in peril of an awful death. One spark and the whole must have been ablaze".<sup>15</sup>

In 1907 *The British Journal of Nursing* made further calls for the curbing of excessive Christmas decorations, stating "dusty decorations are now a thing of the past; they were picturesque, but they were dangerous as dirt traps, and so had to go".<sup>16</sup> Yet in 1921, a new hospital ward in London's East End was described as "perfectly charming with all its new up-to-date furnishing and the Christmas decorations" although no description of the decorations was included in the article.<sup>17</sup> At an Australian hospital in Toowoomba, Queensland, wards were still being elaborately decorated in 1926 by enthusiastic nursing staff.

"A1 ward was canopied with mauve, pink and daffodil ribbons, through which the lights hung, shaded in similar colours, and to each net was fastened a lucky horseshoe of ribbon and a kewpie. Nurses Garske, Seaward, Kirby, Storey and Wallace were responsible for the decorations of this ward."

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<sup>15</sup> Ibid., 506. "Medical News." p. 87, Noted that a ward at the Royal United Hospital, Bath caught fire when a gaslight came into contact with Christmas decorations, apparently no one was harmed although the fire was in danger of spreading before extinguished.

<sup>16</sup> "Nursing Echoes," 473.

<sup>17</sup> "Christmas in the East End," 376.

<sup>18</sup> "Toowoomba Hospitals," *The Brisbane Courier*, December 27, 1926.

However, by 1941 the Second World War had enforced austerity measures on all aspects of the world economy. The restrained attitude to Christmas decorations at London's Croydon General Hospital was praised in *The British Journal of Nursing*.

“The restricted ward decorations were in position, and were most effective; in fact, it was the opinion of many that the ward looked more attractive than ever with fewer decorations”.<sup>19</sup>

As nurses in public hospitals implemented a wartime austerity, photographs from American and British military hospital show wards bedecked with handmade decorations and flags. These decorations played a valid role in boosting the morale of injured service personnel and nurses forced to spend Christmas away from their homes and families (See. Fig. 8-2 and 8-3).<sup>20</sup> Despite repeated calls for restraint from the medical profession, the pleasure nurses gained from decorating their wards at Christmas was never dimmed and accounts of wards draped in colourful paper chains and candles wrapped in fake cotton wool snow was documented well into the late 20<sup>th</sup> century.<sup>21</sup>

In 1965 a British nursing sister wrote of her frustrations at trying to curtail excessive Christmas decorations, before conceding everyone involved gained immense satisfaction from using their handicraft skills to fashion candles for their working environment.<sup>22</sup> It is a tradition still evident today, as wards are transformed for several weeks each year with an array of plastic Christmas trees, dusty baubles, paper garlands and cards. They may not be as elaborate as the fully rigged

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<sup>19</sup> "Croydon General Hospital: Christmas 1940," 10.

<sup>20</sup> "Three Hospitals at Christmas," *The Sydney Morning Herald*, December 16, 1941.

<sup>21</sup> "Christmas Brightened for Hospital Patients," *The Morning Bulletin* December 26, 1951.

<sup>22</sup> Brown, "Those Christmas Decorations," 1729. Brown noted her initial frustrations at seeing wards adorned with "dozens of painted plaster-of-Paris bells hung from the lights, the walls [were] liberally bestrewn with cardboard candles and bells" or soggy papier-mâché baubles. She later realised the pleasure her nurses gained from creating decorations to display in their working environment.

sailing ship fashioned a century earlier, but the resolve to improve staff and patient morale at Christmas remains.



Figure 8-2 Nurses with Christmas decorations. Source [http://www.opacity.us/image4324\\_heaven\\_and\\_hell.htm](http://www.opacity.us/image4324_heaven_and_hell.htm) Christmas decorations in the corridor of the Female ward Whittingham Hospital, Lancashire.

## CHRISTMAS DISPLAY AT ROCKHAMPTON GENERAL HOSPITAL



Figure 8-3 Christmas display created by nursing staff at the Rockhampton General Hospital, Queensland in 1951. Source "Christmas Brightened for Hospital Patients," *The Morning Bulletin* December 26,1951.

### *Nursing journals encourage arts and crafts*

Not all nurses restricted their decorating talents to Christmas handicrafts and during 1969 the *Nursing Mirror* ran a series of art and craft competitions under the catchy headline "If you can doodle, you may well be an artist" enticing nurses to show their artistic/handicraft skills.<sup>23</sup> The journal's art competition encouraged nurses to enter a variety of art mediums from drawings,

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<sup>23</sup> "Nursing Mirror: Art Competition," 40.

paintings or collages, with the winner's name to be published in the journal and a prize of 30 guineas to be given.<sup>24</sup>

If painting or drawing did not appeal to the journal's subscribers they ran a handicraft competition that same year, open to a wide range of crafts, including knitting (both clothes and toys) millinery, tatting and leather work.<sup>25</sup> No cash prize was offered for this competition, but the winner received the 'silver' Challenge Cup and their winning entry was exhibited at the annual Professional Nurses and Midwives Conference in London.<sup>26</sup> These competitions were conceived as morale boosting endeavours and acknowledged the artistic talents of nurses.

For decades nurses remained the primary decorators of their working environment, but this began to change with the creation of the *Arts in Health* movement during the 1970s which shall be discussed in Chapter 9. This movement formed by doctors, artists and arts professionals shunned cheap domestic decorations and posited that only original art could be exhibited in hospitals. Those working in this new field of *Arts in Health* often acquired and installed art works without consulting nursing matrons who traditionally held autonomous control over all aspects of their ward and its staff.

### ***Art professionals displace the nurses***

The newly anointed *Arts in Health* professionals, drew on their fine art education and dismissed past decorating efforts as unappealing domestic clutter. In 1978 Edna Read

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<sup>24</sup> <sup>24</sup> "Nursing Mirror: Art Competition," 40.

<sup>25</sup> "Nursing Mirror: Handicrafts Competition," 33.

<sup>26</sup> *Ibid.*, 33.

began working as an arts advisor on a number of projects for the NHS and was horrified when a senior nursing sister objected to an 86cm sculpture title *Frog* by Scottish artist Eduardo Paolozzi (1924-2005) being exhibited in her ward (See. Fig. 8-4).<sup>27</sup> The reason the sister objected to the sculpture is not noted however it could have related to the dust prone surface area of the artwork, or simply personal dislike. Almost 100 years earlier, in 1877, when Dr. Lawrence-Hamilton tried to introduce metal objects (although a suit of armour was excessive) into wards he was vilified by his colleagues for suggesting such dust-attracting items.<sup>28</sup>



Figure 8-4 Eduardo Paolozzi, “Frog” 1958 Bronze. Arts Council Collection [artscouncilcollection.org.uk](http://artscouncilcollection.org.uk)

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<sup>27</sup> Read, "Art in Hospitals," 259.

<sup>28</sup> Lawrence Hamilton, "Art in Hospitals," 219.

At Westmead Hospital, nursing staff were never consulted about the medium or subject matter of art displayed in their wards and as discussed in Chapter 1 many objected to the inappropriate subject matter of some prints. An etching of a curled snake which was exhibited at the foot of a bed in the maternity ward was one artwork that caused particularly strong protest.<sup>29</sup> Many nurses considered the interior designer's directive to hang an art-work above beds a waste, as patients were unable to see the art, which was obscured behind vases of flowers, cards and medical equipment.<sup>30</sup> Nursing staff would have preferred the art be exhibited in the corridors, instead these were left blank, a choice which accentuated the clinical appearance of these much maligned hospital spaces.<sup>31</sup>

The example of Paolozzi's *Frog* emphasised a host of issues emerging once arts professionals were employed to oversee the procurements of art for hospital environments. As stated earlier, nursing sisters, traditionally maintained control over all aspects of their ward and the emergence of the *Arts in Health* movement challenged this authority. Any artworks installed under this banner were impervious to criticism from nursing staff and issues of cleaning and ongoing maintenance were dismissed without consultation. Most *Arts in Health* programs operated on limited budgets and most artworks commissioned from the 1970s to 1990s were limited to hospital entrance foyers and not the wards. Since the establishment of formal nurse training by the 1860s, nurses had recognised the value of providing decorative embellishments in

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<sup>29</sup> Correspondence between Susan Barclay and nursing staff at Westmead Hospital during 2005.

<sup>30</sup> Ibid. When cataloguing the Westmead Hospital art collection I often located artworks hidden behind nurses' office doors which they had removed due to negative feedback from patients and staff.

Neither group had been consulted about the hanging of each work regarding its appropriateness for the areas and patients.

<sup>31</sup> Ibid. A nurse saved a series of Pixie O'Harris murals of playful fairies from going into a garbage skip when the children's ward was moved from Camperdown to Westmead in the mid-1970s



wards. Sadly this group of experts was overlooked by future *Arts in Health* professionals. In 1987 Laurence Dopson praised the diversity of members selected to form the Isle of Wight's St Mary's Hospital, new *Arts in Health* committee.

“Artists, architects and designers have all been involved in developing an attitude to the arts which combines a therapeutic approach to patients with a pleasant working environment for staff”.<sup>32</sup>

Dopson however, made no mention of nurse involvement in the consultation process, only the employment of Guy Eades as the hospital's art administrator.

Nurses did occasionally vent their disapproval. In 1991 a group of nurses demanded a painting of a bare breasted woman chosen by the hospital's arts coordinator Jane Henderson be removed from the outpatient department of the West Middlesex University Hospital. Nursing staff cited the following reason for its removal: “Few [patients] come from a society where bare boobs are the norm; you don't often see them around Isleworth”.<sup>33</sup> As the arts professional gained influence, nurses were not going to let their decorating heritage evaporate and the *British Nursing Times* decided it was time to give nurses a voice, albeit in their own professional journal.

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<sup>32</sup> Dopson, "Art and Soul," 16-17.

<sup>33</sup> Gaze, "Take Art," 59.

## *Arts in action – nurses have their last say*

In 1991 the British *Nursing Times* journal published a series of articles under the banner ‘Arts in Action’ documenting the decorating endeavours of nurses from various hospitals in Britain and Australia.<sup>34</sup> The journal’s editor launched the ‘Arts in Action’ series with a questionnaire asking nurses to assess the viability of any existing or proposed art acquisitions at their respective hospitals. Feedback was requested on availability of funding opportunities, parties involved and whether arts professionals, medical staff, clients or patient involvement was encouraged.<sup>35</sup> The article proposed nurses approach external bodies such as libraries, regional arts groups or schools to become involved in hospital-based arts programs to ”brighten” wards.<sup>36</sup> Nurses were dissuaded from spending time applying for limited government funding grants unless they could produce detailed evidence-based reports and artist proposals. Each successive monthly edition detailed a variety of hospital-based arts programs, some involved professional arts coordinators but most were established by one nurse who undertook a host of unpaid arts administration duties in their own time.

Traditionally, nurses undertake a variety of practical and administrative roles as part of their profession. However, not many would have considered arts curation as a vital part of their job description. At the Devonshire Royal Hospital, Buxton, Sister Sylvia Fradley found herself

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<sup>34</sup> "Arts in Action: In Association with Arts for Health," Breschinsky, "Arts in Action: The Art of Birth," 44-54. Brooker, "Arts in Action: Just a Song at Twilight," 32-33. Carlisle, "Arts in Action. Special Effects," 62-32. Carlisle, "Arts in Action. A Stately Pleasure Dome," 28-29. Carlisle, "Arts in Action. Primary Colour," 62-63. Carlisle, "Arts in Action. A Colourful, Fresh Start," 46-47. Carlisle, "Arts in Action: Arts Update," 51-52. Carlisle, "Arts in Action: The State of the Art," 50-51. Cole, "Arts in Action: Arts for Kid's Sake," 43-45. Cooper, "Arts in Action--What's It Worth?," 34-35. Davidson, "Artistic Endeavours," 38-39. Gaze, "Arts in Action. Lessons in Creativity," 54. Lloyd, "Arts in Action. Vital Ingredient," 34-35. McMillan, "Arts in Action. Art's Delight," 52-53. Merskey, "Arts in Action. Scene Changes," 40-42. Snell, "Arts in Action. Reviving Memories," 54-56.

<sup>35</sup> "Art at Work: Questionnaire," 30-31.

<sup>36</sup> *Ibid.*, 31.

taking such a role when she aimed to commission a tiled centrepiece for the hospital's entrance foyer.<sup>37</sup> Fradley co-ordinated all aspects of the art project from fundraising, construction, design and artist liaison, despite strong object to the project from several doctors who opposed the construction of what they described as a "20ft high mosaic column...not appropriate to the architecture of the building or the patient care and [who] wanted it stopped".<sup>38</sup> Faced with the imminent rejection of the project, Fradley mediated discussions between all parties and finally obtained consensus, which allowed the project to proceed.

In 1990 the column, inlaid with mosaic panels designed and made by patients and staff, was installed in the hospital's main foyer. When the finished column was unveiled it gained unanimous support from staff and patients. For Sylvia Fradley the installation of the mosaic centrepiece fulfilled one of Nightingale's original nursing directives, and provided patients with "something very beautiful to look at".<sup>39</sup> The project showed that the people management and administration skills used by nurses in their professional role were equally useful in organising significant arts projects (See. Fig. 8-5).

Each month the journal continued to publish accounts of nurses' ingenious art and decoration programs including a nurse in Plymouth who applied to local industries for funding by "begging and creeping... writing to companies for sponsorship for gifts and charming the works department into finding her some materials" to hold a series of local art competitions.<sup>40</sup>

Interestingly the absence of research or evidence of hospital-based arts programs in Australia is partially explained in an article by Mary Price, Director of the Red Cross Blood Bank in Melbourne. She wrote: "Arts programs have not preceded very far in Victoria or indeed in

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<sup>37</sup> Carlisle, "Arts in Action. A Stately Pleasure Dome," 28-29.

<sup>38</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*, 27. The hospital was closed in 2000 and the building acquired by the University of Derby. The fate of the mosaic column is unknown.

<sup>39</sup> Carlisle, "Arts in Action. A Stately Pleasure Dome," 29.

<sup>40</sup> "Arts in Action: The State of the Art," 51.

Australia".<sup>41</sup> Obviously the Blood Bank did not use the services of the Red Cross Picture Library, also located in Melbourne. Price's correspondence illustrated the global reach of the journal beyond Britain and provides some explanation for the absence of documentation on art in hospitals programs operating in Australia during the early 1990s.



Figure 8-5, the mosaic column organised by Sylvia Fradley. Image taken from, Senior, Peter, and Jonathan. Croall. *Helping to Health: The Arts in Health Care*. London: Calouste Gulbenkian Foundation, 1993. 27

As the journal series reached its conclusion, the accounts of various programs operating throughout British hospitals shifted from art installations to art therapy programs, where patients

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<sup>41</sup> Davidson, "Artistic Endeavours," 38.

participated in a variety of artistic mediums including music, drama and painting.<sup>42</sup> These programs were overseen by art therapists, artists or musicians and relied on nurses as assistants in patient care, not arts conveners. Gradually all art programs in hospital became further entrenched in the discipline of art therapy and the role of nurses as decorators was further eroded. In the magazine's final article, titled 'Arts in Action', Linda Davidson, wrote a fitting epitaph;

“A few people wrote, a little sourly, to say that Arts in Action was not new. In fact we never claimed that it was. The aim was to give credit to nurses who have worked hard to make arts available to their patients – often with little cash or encouragement – and convince others that they had set an example worth following.”<sup>43</sup>

While Arts in Action, celebrated the resourceful nature of nursing staff in procuring decoration for their wards, it marked the end of an era. In 1995, artist Peter Senior who established the first *Arts for Health* program in Manchester estimated the NHS employed approximately 50-60 full time arts professionals.<sup>44</sup> As hospitals became increasingly corporatised, so did the procurement practices and art of waiting room and ward decorations. By the 1990s the humble framed print was replaced with large generic corporate art-works installed as statements of the power of government public health programs, rather than as a means of “brightening” a patient’s day.

The personal involvement of nurses in the actual acquisition of decorations for their ward has declined greatly since the rise of the *Arts in Health* movement. Occasionally nurses are involved in hospital-based arts committees. At the Flinders Medical Centre in Adelaide, the hospital’s progressive arts program is overseen by former nurse Sally Francis, who understands the importance of allowing nursing staff to have input on the artworks installed in their working

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<sup>42</sup> Brooker, "Arts in Action: Just a Song at Twilight," 32-33. McMillan, "Arts in Action. Art's Delight," 53-53.

<sup>43</sup> Davidson, "Artistic Endeavours," 38.

<sup>44</sup> Dix, "Does NHS Art Make You Sick?," 22.

environment. However, the current Westmead Hospital Arts Committee comprises three arts professionals, two hospital administrators and myself. Attempts to have representatives from nursing staff join the committee have failed, with the reasons cited for this relating to conflicting work schedules and lack of volunteers.

An absence of nurse involvement in the decoration of wards in the 21<sup>st</sup> century should not mean a dismissal of past decorative acquisitions simply because of their domestic nature. The nurses carefully chose each item to ensure it created a synthesis of nurture and care in wards and separated hospitals from their workhouse heritage. Decorations installed and procured by nurses emphasise the immense attention they gave to all aspects of patient care. The implementation of modernist design templates for hospitals combined with the removal of nurses from direct involvement in the decoration of wards signalled an historical shift in the ethos of the reason decorations and art had been exhibited in hospitals for centuries.

## Chapter 9

### No More Reproductions – Real art only allowed

“Arts projects now flourish, and most are concerned with the visual arts and crafts, using media, such as painting, printmaking, sculpture, textiles, ceramics and stained or etched glass”.<sup>1</sup>

Should original artworks be installed in hospitals? This chapter starts to discuss the problematic history of reintroducing original artwork in to hospitals from the 1970s onwards. In a rebuff against the plain, clinical approach to decorating undertaken by health care administrators during the first half of the 20<sup>th</sup> century, doctors and artists began to formulate schemes to exhibit art in hospitals under the newly coined term of *Arts in Health* or patient wellbeing. This shift in the motivation to reinstall decorations merged the scientific, evidence-based discipline of art therapy with the creative subjectivity of the art world. After decades of neglect by government health bodies, doctors and artists dismissed past decoration schemes and decided to start their own artistic Renaissance and exhibit ‘real’ art in hospital wards to improve patient and staff morale. The first to consider reinvigorating this past tradition was Dr. Sheridan Russell.

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<sup>1</sup> Miles, "Art in Hospitals: Does It Work? A Survey of Evaluation of Arts Projects in NHS," 161.

## *Paintings in Hospitals – the vision of Dr. Sheridan Russell*

By the mid-20<sup>th</sup> century the tired and worn interiors of many British hospitals reflected decades of chronic government underfunding.

“The bleak corridor, seemingly endless, filled with discarded trolleys, festooned with old and badly written notices and dull signs, remains a widespread image of the British hospital”.<sup>2</sup>

New modernist-inspired skyscraper hospitals were equally soulless constructions with interiors featuring clinically plain linoleum, formica and tiles.<sup>3</sup> Neither environment nurtured an atmosphere of solace for patients or staff, who felt alienated by the continuing lack of consideration given to the internal decoration of hospitals by budget-conscious government health departments.

Frustrated at the dilapidated appearance of NHS hospitals, Dr. Russell started his own hospital art program during the late 1950s.<sup>4</sup> Russell wrote: “I was sick to death of bad reproductions of Van Gogh’s sunflowers and Mona Lisa, which no-one ever looks at and which may as well be just wallpaper”.<sup>5</sup> To address this issue and banish such faded prints from his working environment, Russell approached friends and local galleries for loans of original artworks to exhibit around his office to boost staff and patient wellbeing.<sup>6</sup> After receiving positive feedback from colleagues and patients, Russell decided to expand his minor art scheme and in 1959 established *Paintings in Hospitals* (PIHs).<sup>7</sup> As demand for the art loan scheme grew, Russell began to charge hospitals a small yearly fee (apart from palliative care institutions, for which the service

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<sup>2</sup> Miles, "Asclepius and the Muses: Arts in the Hospital Environment," 28.

<sup>3</sup> Hughes, "The "Matchbox on a Muffin": The Design of Hospitals in the Early NHS," 35.

<sup>4</sup> Baron, "Art in Hospitals for the Disadvantaged in New York and London," 1439. According to Baron the idea to rent original art to hospitals originated at the Massachusetts General Hospital as part of a Free Art Lending Service during the 1950s, however, no further details on this art lending program have been located.

<sup>5</sup> Langford, "The Healing Art," 16.

<sup>6</sup> "Art in Hospitals: They're the Real Thing!," 142.

<sup>7</sup> Read, "Art in Hospitals," 259.



was free).<sup>8</sup> The scheme was immensely popular and Russell was able to gain additional funding from some of Britain's leading charities, including the King Edward's Hospital Fund,<sup>9</sup> the Arts Council<sup>10</sup> and the Nuffield Foundation.<sup>11</sup> This funding allowed Russell to start purchasing a permanent art collection, to employ arts staff and expand his art loan program beyond the Greater London area.<sup>12</sup>

In 1963 an article titled *Academy Pictures for Hospitals* appeared in *The Times*, reporting the purchase of four original artworks from the Royal Academy's Summer Collection, indicating that PIHs sought the latest and highest quality contemporary artworks for their collection.<sup>13</sup> By 1975 the arts program had grown and "more than 50 London hospitals joined the scheme and more than 800 paintings were acquired".<sup>14</sup> PIHs gave hospital management a cheaper alternative to purchasing original art for wards and offices and followed a similar pattern of growth to the Red Cross Picture Library, which was operating during the same era. Health care institutions could borrow contemporary artworks for a set time without having to worry about curatorial issues such as conservation and insurance.<sup>15</sup>

The success of PIHs was underpinned by the implementation of art management practices and its ability to operate independently of bureaucratic health departments and hospital funding bodies, in a similar fashion to the earlier activities of the Flower Mission and the Red Cross.

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<sup>8</sup> "Art in Hospitals: They're the Real Thing!" 142. Macnaughton, "Art in Hospital Spaces: The Role of Hospitals in an Aestheticised Society," 85-102.

<sup>9</sup> Alexandra Pitman, "Pictures of Good Health," 131-170.

<sup>10</sup> *Paintings in Hospitals*.

<sup>11</sup> "Art in Hospitals: They're the Real Thing!" 142. *Lord Nuffield and His Foundation, The Nuffield Foundation*. The Nuffield Foundation was founded by William Morris the industrialist responsible for the Morris Motor Limited first built in 1913. Morris received his baronet in 1934 and became Lord Nuffield. Morris, with his wife Elizabeth, became one of Britain's leading philanthropists and supported a wide range of health and education projects.

<sup>12</sup> "Academy Pictures for Hospital," *The Times*, June 24, 1963. The reporter noted four paintings were bought by Paintings in Hospitals from the British Royal Academy with funds donated from the Nuffield Foundation. Personal correspondence with PIHs CEO Stuart Davies confirmed the purchase of these paintings, which were de-acquisitioned by the organisation during the 1990s to purchase more contemporary art works.

<sup>13</sup> *Ibid.*, 12.

<sup>14</sup> "Art in Hospitals: They're the Real Thing!", 142.

<sup>15</sup> Susan Barclay, Interview with Stuart Davies PIHs 19 May 2010.

This independence is still a core objective and the organisation's current director Stuart Davie stressed that "we have the ability and the processes in place to work effectively within facilities, from helping a hospital receptionist who has been given the job of finding some art for the walls to working with established hospital Art Committees".<sup>16</sup> One of the factors which contributed to the demise of the Westmead collection, was its reliance on going funding from the publicly funded hospital.

Strengthened by continual demand for their services and ongoing funding grants throughout the 1960s, PIHs became Britain's largest health care based art loan program, a status acknowledged when it was granted charity status in 1971.<sup>17</sup> Even with a fluctuating British economy, PIHs has continued to expand and now operates satellite offices throughout Britain. Presently they have a permanent collection of over 4,000 artworks, organised by a small team from a central office in London.<sup>18</sup> PIHs played a vital role in reintroducing the concept of exhibiting original art in hospital environments. The success of this program shows if art management practices are used, original art can be a viable hospital decoration option.<sup>19</sup> At Westmead Hospital the complete absence of long-term curation meant a vibrant, original art collection was viewed as wallpaper not always because of its subject matter but due to decades of neglect.

Despite the success of the PIHs, similar schemes have not appeared in America or Australia. The geographical size of both countries would have made a comparable art loan program unworkable due to logistical issues of transport costs.<sup>20</sup> More importantly, programs such as PIHs require someone with a vision and the immense personal drive to oversee its conception and then gain the support of prominent persons and institutions. At present HRH The Prince of Wales, is the

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<sup>16</sup> Susan Barclay, Interview with Stuart Davies PIHs 19 May 2010.

<sup>17</sup> *Paintings in Hospitals: Our History*.

<sup>18</sup> *Paintings in Hospitals*.

<sup>19</sup> In recent years PIHs has de-accessioned part of their original art collection to finance the procurement of emerging artists as a means of keeping the core collection a vibrant representation of contemporary British art.

<sup>20</sup> In Australia the Red Cross Picture Library was forced to close during the 1990s due to logistical issues of transporting and storing a large number of framed prints.

charity's main patron and they receive additional support from a variety of national art institutions, including the Victoria and Albert Museum.<sup>21</sup> While the Red Cross Picture Library installed reproduction prints, PIHs was the only national body exhibiting original art in hospitals until the late 1970s when artist Peter Senior began another small arts program at a Manchester hospital.<sup>22</sup>

### ***Peter Senior and the Arts In Health movement***

In 1972 artist Peter Senior began an artist-in-residency program at St Mary's Hospital in Manchester which unwittingly started the new global *Arts in Health* movement.<sup>23</sup> This movement was to become the benchmark for all future contemporary hospital art and decoration programs.<sup>24</sup> Senior's interest in creating art specifically for hospitals began during an exhibition of his work at the Withington Psychiatric Hospital in the early 1970s.

“My first overpowering impression of the hospital was one of drabness. There were hardly any paintings or prints on display. Most of the areas of the building with the exception of the children's and maternity ward were void of colour, apart from the occasional vase of flowers”.<sup>25</sup>

After the exhibition of his work, Senior realised the foreboding atmosphere of 'drabness' was a characteristic of most NHS-operated institutions and addressed this problem by volunteering his artistic talents to his local hospital. Senior's first voluntary art project was to paint a series of murals along a drab major corridor at St Mary's Hospital in Manchester (See. Fig 9-1).<sup>26</sup> The

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<sup>21</sup> *Paintings in Hospitals: Our History*.

<sup>22</sup> Allen, "An Analysis of the Factors Affecting the Development of the 1962 Hospital Plan for England and Wales," 3-18. In 1962 the British government released the Hospital Plan, outlining government spending on hospital rebuilding, documenting an estimated stg£500m would be spend on NHS hospitals 'between 1961/62 and 1970/71' . According to Allen, only a fraction of the amount was spent due to changing economic conditions. 3

<sup>23</sup> Coles, *Manchester Hospital's Art Project*, 11.

<sup>24</sup> Willis, *Improving the Patient Experience: The Art of Good Health Using Visual Arts in Healthcare*. Willis described Senior's program at St Mary's as a "Landmark contribution to the movement and to the recent history of the arts in healthcare,"11.

<sup>25</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*, 9.

<sup>26</sup> *Ibid.*, 9.

murals were a great success and Senior decided to approach his employer for a year's paid leave so he could create art for other areas of the hospital.<sup>27</sup>



**Figure 9-1** Corridors transformed with the original murals painted by Peter Senior at St Marys Hospital in Manchester. Source, Senior, Peter, and Jonathan. Croall. *Helping to Health: The Arts in Health Care*. London: Calouste Gulbenkian Foundation, 1993. 26

Similar to Dr. Russell's earlier art project, the success of Senior's initial 12 month residency was due to his paid leave and external arts grants, which meant his arts project did not divert funding away from NHS health services.<sup>28</sup> This funding source allowed Senior to expand his artistic program to include paintings for exhibition in other public areas of St Mary's, leading to the

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<sup>27</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*, 10. Senior noted, he was "eventually able to persuade the Elizabeth Gaskell College where I was teaching to allow me a year's paid secondment to the hospital".

<sup>28</sup> Coles, *Manchester Hospital's Art Project*, 49. These included funding grants from the British Government, including funding from the Manpower Services Commission, Job Creation Program.

formation of the Manchester Hospitals' Arts Project in 1978.<sup>29</sup> Throughout these early years Senior made a conscious effort to avoid merging his art program with existing art therapy treatments and focused solely on improving the hospital's appearance through the exhibition of original art.<sup>30</sup> Continual support from additional government employment grants enabled Senior to engage a group of young emerging artists to expand the art program to other hospitals in the Greater Manchester area by the early 1980s.<sup>31</sup>

In 1981 the philanthropic group the Calouste Gulbenkian Foundation, commissioned a report on the program's success in using original art to improve the physical appearance of hospitals to enhance patient and staff wellbeing.<sup>32</sup> The *Manchester Hospitals' Arts Project*,<sup>33</sup> written by Peter Cole, estimated Senior and his growing team of artists had created 150 artworks, since the initial murals at St Mary's.<sup>34</sup> Coles' report noted the art program broke down some of the barriers surrounding the display of original contemporary art in hospitals, but not all exhibitions were warmly received by patients and staff.

“Peter Senior asked one of the Arts Team, John Monks, to exhibit his paintings in the MRI outpatients waiting hall. For the first time the Arts Project had initiated something which met with unanimous disapproval...The show was referred to as the ‘tarmac paintings’ or the ‘creosote paintings’ and some of the objectors suggested they might even be hazardous to health”.<sup>35</sup>

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<sup>29</sup> Coles, *Manchester Hospital's Art Project*.

<sup>30</sup> Ibid.,11.

<sup>31</sup> Moss, *Art & Healthcare: Handbook of Healthcare Arts*. 57-58. According to Moss, the Manpower Services Commission was established to provide funding for employment projects, which benefited the community and enhanced employees work skills. The Commission was established in 1973 during the Heath government and disbanded in 1987.

<sup>32</sup> According to their website the Calouste Gulbenkian Foundation was created in 1956 from the proceeds of Calouste Sarkis Gulbenkian's (1869-1955) estate. Gulbenkian was an Armenian engineer who made a fortune in oil exploration throughout the Middle East. Proceeds from his estate are used to fund a wide range of community welfare programs in the arts, education, science and social welfare.

<sup>33</sup> Coles, *Manchester Hospital's Art Project*, 36.

<sup>34</sup> Ibid.,36

<sup>35</sup> Ibid.

Not deterred by occasional negative reviews, Senior continued to expand his arts program and encouraged staff and patients to participate in a range of activities such as poetry writing and recitals, musical concerts, drama and a staff art club.<sup>36</sup> All of these projects were aimed at strengthening cultural links between the hospital and the wider artistic community as a way of cultivating both patient and staff morale.<sup>37</sup> As more people became involved in the practical acts of making art, Senior's original mission to avoid aligning the art program with existing art therapy services failed. Unintentionally the variety of artistic mediums introduced meant the project encompassed strong therapeutic elements. This merger removed the separation that had previously existed between art exhibited for visual pleasure and art creation as a therapeutic treatment. What emerged was a unification of the two separate disciplines, art and health, which produced a new term *Arts in Health*. This term was applied by all vested parties to justify the establishment of any future art and decoration hospital-based programs.

By 1987, Senior left the hospital environment and began to focus on academic research into the therapeutic connection between various artistic genres and health, and joined Manchester Metropolitan University to establish the Arts for Health research centre.<sup>38</sup> Presently the centre operates under the directorship of Clive Parkinson, and engages in a variety of projects concerning health awareness programs, and the relationship between art and community wellbeing throughout Northern England.<sup>39</sup> This research objective documented in their 2008 report *Invest to save: Arts in Health Evaluation Exploring the impact of creativity, culture and the arts on health and well-being*, which outlines qualitative studies undertaken on the value of art related

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<sup>36</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*, 10.

<sup>37</sup> Richards, "Art and the NHS," 120.

<sup>38</sup> Manchester Metropolitan University, "Peter Senior MBE,".

<sup>39</sup> While *Arts for Health* has shifted its focus from primarily installing artworks into hospitals to research, LIME has continued to commission art installations in hospitals under the directorship of one of Senior's original colleague's artist Brian Chapman.<sup>39</sup> Since 2000, LIME has worked to develop and source funding for local hospital-based art installations in the Greater Manchester area. Examples of art procurement projects undertaken by LIME will be discussed in Chapter 10, in relation to hospitals as quasi-museum sites.

practices in health care environments.<sup>40</sup> Senior's original objective of simply decorating hospital walls to reduce the clinical atmosphere of an underfunded hospital system has been transformed in to a world-leading research body.

As the concept of installing art into contemporary British hospitals slowly gained pace, a conference was organised in 1982 by the British Institute of Contemporary Arts, to discuss the therapeutic role of art in hospitals. At the conference, Tessa Richards reported at least 65 British hospitals had gained arts funding in recent years and a number had employed arts professionals to "broaden the scope of art beyond the visual".<sup>41</sup> Linda Moss's 1988 publication *Art and Healthcare: Handbook of HealthCare Arts*, listed numerous publically funded arts projects operating in NHS hospitals during the late 1980s and noted they formed part of a growing trend to install original artworks in hospitals to improve patient wellbeing.<sup>42</sup> Most of these projects were short-lived and folded once government funding expired.<sup>43</sup> In their haste to support the new *Arts in Health* movement, funding bodies, artists and health care administrators failed to consider the long-term implications of their artistic acquisitions. This oversight resulted in the waste of limited funding and the loss of expensive, original artworks. This scenario mirrors what happened to the Westmead Hospital art collection.

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<sup>40</sup>Garner, et al., "To Invest to Save: Arts in Health Evaluation: Exploring the Impact of Creativity, Culture and the Arts on Health and Well-Being,".

<sup>41</sup> Richards, "Art and the NHS," 120.

<sup>42</sup> Moss, *Art & Healthcare: Handbook of Healthcare Arts*, 7-16.

<sup>43</sup> Ibid., 7-16.

## *The short-lived British Health Care Arts Centre*

By the 1980s exhibiting art in hospitals had become a multifaceted, bureaucratic process, entailing the submission of detailed grant applications. Prompted by this growing demand from government and philanthropic funding agencies for evidence-based design reports to accompany all artists' proposals, Dr. Jeremy Hugh Baron and art historian Malcolm Miles began Britain's second *Arts in Health* research centre, the British Health Care Arts Centre (BHCA) in 1989.<sup>44</sup> BHCA's mission was to establish a national *Arts in Health* advisory body.

“National organisation to develop the arts in health buildings; its credo was that art in hospitals should be appropriate to engage an audience and should celebrate the locality”.<sup>45</sup>

This objective was achieved through the promotion of hospital-based artist-in-residency programs, working in tandem with existing community arts schemes. BHCA encouraged hospital managers to look locally for artists before attempting to commission artworks from internationally recognised artists, such as those acquired by Eugene Rosenberg for two large London hospitals.<sup>46</sup> These works were commissioned from Naum Gabo, whose *Revolving Torsion Fountain*, was installed outside St Thomas' Hospital, London, in 1976 (See Fig 9-2)<sup>47</sup> and Jesse Watkins, whose *Sculpture* was installed at the entrance to the Royal Free Hospital, Hampstead in 1974.<sup>48</sup>

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<sup>44</sup> Miles, 4 August 2009. Personal correspondence with the author. During BHCA's establishment, friction over funding and directional practices of the emerging organisation split the trio and Senior left to establish *Arts in Health* in Manchester, while Baron and Miles continued with the original BHCA concept.

<sup>45</sup> Baron, "A History of Art in British Hospitals" 18.

<sup>46</sup> Eugene Rosenberg, *Architect's Choice: Art in Architecture in Great Britain since 1945*.

<sup>47</sup> Ibid. 109. Loppert, "*Ars Gratia Sanitatis: The Art of the Possible*," 71. Loppert noted that by 1999 the fountain was 'Languishing forlornly, a forgotten oasis'. Hanley, "The Gabo Fountain, St Thomas' Hospital," 173.

<sup>48</sup> Rosenberg, *Architect's Choice: Art in Architecture in Great Britain since 1945*, 114.





**Figure 9-2 Naum Gabo's *Revolving Torsion Fountain* 1976, installed outside St Thomas' Hospital London. Rosenberg, Eugene. *Architect's Choice: Art in Architecture in Great Britain since 1945*: Thames and Hudson Ltd, 1992. 109.**

Initially Baron and Miles accepted funding and office space from the Dean of Jordanstane Arts College in Dundee Scotland. Baron, who continued his medical practice, filled the role of chairperson while Miles, as director, oversaw the organisation's daily operations.<sup>49</sup> Additional funding for their inexperienced organisation was received from the Scottish Arts Council and allowed the pair to employ two additional administration staff.<sup>50</sup> Initial announcements of the BHCA's formation, along with its core mission and substantial funding allocations were published in local newspapers.

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<sup>49</sup> Rosenberg, *Architect's Choice: Art in Architecture in Great Britain since 1945*, 18.

<sup>50</sup> Miles, ed. *Art in Scottish Hospitals: The Contributions of Artists to the Quality of Life in the Environment of Hospitals and Hospices*.

“The Department of Health has invited the centre to participate in a major study of five out-patient departments in English hospitals. Almost Stg£700,000 will be spent on improving the environment and incorporating works of art. The centre will advise and research all visual aspects in the five sites, and then monitor feedback on the results”.<sup>51</sup>

The report emphasised ongoing support the BHCA received from the government’s Health Department, and provides primary evidence that the clinical atmosphere of British hospitals was given some consideration by government departments. However, the long-term implications of their funding grants were not given the same consideration.

Over the next four years the BHCA worked on as *Arts in Health* consultants in conjunction with various NHS departments and published numerous information booklets providing case studies for those considering creating art programs within their working environment.<sup>52</sup> These publications included *Artists in Residence in Hospitals*, *Arts in Primary Health Care*, *Art in Scottish Hospitals* and *Art and Mental Health Hospitals*.<sup>53</sup> To increase the public profile and value of hospital art procurements, BHCA became involved with the Astra Arts Awards, created to award and promote those establishing and installing original art into health care environments and specifically in mental health institutions.<sup>54</sup> In 1991, the first prize of stg£2000 was awarded to American artist Jim Dine, for his “limited editions prints” installed in the Florence Street Day Hospital, Glasgow.<sup>55</sup> Despite BHCA’s research into a wide range of hospital-based arts program, none of their publications provided practical advice on long-term curation of artworks

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<sup>51</sup> McGlone, "Dash of Art Is Just What the Doctor Ordered," *The Glasgow Herald*, November 14, 1989.

<sup>52</sup> Miles, *Environments for Quality Care: Health Buildings in the Community*.

<sup>53</sup> *Arts in Primary Health Care: The Contributions of Artists to the Quality of Life in the Environment of Health Centres* (Dundee: British Health Care Arts Centre, 1994); *Art and Mental Health Hospitals* (British Health Care Arts Centre). *Art in Scottish Hospitals: The Contributions of Artists to the Quality of Life in the Environment of Hospitals and Hospices* (Dundee: British Health Care Arts Centre, 1994).

<sup>54</sup> Baron, "A History of Art in British Hospitals," 18.

<sup>55</sup> Miles, "Astra Arts Awards," 240. A search of the internet in September 2009 was unable to find any reference to the artist’s work or if the hospital was still operational.

procured by hospitals. BHCA was focused on creating the art, not the fate of the finished product. This oversight suggested neither Miles nor Baron understood the long-term implications of installing original art in hospitals. It is a surprising omission when considering the number of major art projects overseen by BHCA, including a series of large stained glass windows for The Queen Margaret Hospital in Scotland.<sup>56</sup> Miles research on this project noted the positive affect the windows had on patients and staff, but gave no information on how such a fragile artwork was to be maintained.

Despite the early appearances of success prompted by the number of NHS supported publications, a lack of ongoing funds and permanent office sites meant the organisation was forced to quietly close in 1993.<sup>57</sup> After its closure, Baron wrote that BHCA had undergone a “re-organisation” before restarting as the Healthcare Arts at Leeds and General Infirmary and Healthcare Arts in Dundee.<sup>58</sup> However no evidence has been located of art projects undertaken by this organisation. After BHCA’s closure Miles returned to academia and is presently Professor of Arts at the University of Plymouth teaching critical theory and utopianism,<sup>59</sup> while Baron has continued to write on the historical and positive elements of hospital-based art collections and programs. Neither makes any mention of the failed BHCA and the art projects they funded.

In 1996, Baron published an article *Art in Hospital* in the *Journal of the Royal Society of Medicine*,<sup>60</sup> giving a brief overview of the historical development of art in British hospitals. While mentioning Senior’s original Manchester Arts Project, no reference was made to his work chairperson of the BHAC for four years. Interviews with a number of *Arts in Health* practitioners in England in 2010, including Stuart Davie from PIHs, Jane Willis from Willis Newson and

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<sup>56</sup> *Art in Scottish Hospitals: The Contributions of Artists to the Quality of Life in the Environment of Hospitals and Hospices*, 8-21. Several stained glass experts created large windows physically fitted into the architectural structure of the hospital.

<sup>57</sup> Miles, "Art in Hospitals: Does It Work? A Survey of Evaluation of Arts Projects in NHS,". Reports on the various projects the organisation has undertaken in Britain and their positive effects, on hospital patients and staff.

<sup>58</sup> Baron, "Art in Hospitals: The Fitzpatrick Lecture 1994," 142.

<sup>59</sup> Miles, " Plymouth University.

<sup>60</sup> Kessel, "Art in Hospitals," 482.

Brian Chapman from LIME, revealed that none had heard of BHCA but all were acquainted with Baron's later publications.

It is impossible to assess the influence the BHCA had on the emerging *Arts in Health* movement outside Britain, as none of their publications are available in Australia and their booklets have been out of print for over two decades and only few copies are held by British Libraries.<sup>61</sup>

Similar to the decoration work undertaken by the Flower Mission and the Red Cross Picture Library, once BHCA ceased operations, all reference to their work was quickly consigned into the forgotten monolithic annals of past hospital art programs. The fate of the numerous art projects that that BHCA funded is not known, but it is likely that many would have been lost during renovations and ended up in garbage skips. This recurring pattern relating to the destruction of original artworks, further supports the thesis argument against the installation of expensive art in hospitals.

The research work and subsequent BHCA publications, combined with that undertaken by Senior's *Arts for Health*, signalled a shift in the direction of hospital art installations, where the emphasis was placed on the wellbeing properties of the art rather than its decorative elements. Artists had to consider how their work could be conducive to patients 'wellbeing' as well as visually pleasing. To apply for limited funding grants, all involved parties provided documentary evidence of the wellbeing properties incorporated in the artwork and how it adhered to *Arts in Health* objectives in its final location. This is a difficult area to verify with qualitative and quantitative data, as art is a subjective medium of expression and what one person might find restful and pleasing, another may find disturbing. The BHCA had attempted to provide examples of art projects for those wanting to put original art in hospitals, but as the physical size

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<sup>61</sup> I was fortunate enough to be given a complete copy of the BHCA's publications by Prof. Miles, who described the years after the BHCA closure as one of great personal turmoil, and he therefore declined to be interviewed for this thesis.

and financial value of art installations increased, a growing number of arts professionals were employed to oversee all art and decoration procurements. This merger between the art world and hospital should have been a positive move, but did little to increase the decoration of many hospital wards. Instead it provided a forum for art professionals and artists to explore their creative talents to the extreme, and began turning hospital foyers into imitation or ‘quasi-museums’.

### ***Arts professionals and evidence-based reports***

The simple action of hanging a print on a wall became more complex with the advent of the *Arts in Health* movement. By the 1990s health care administrators continued to employ arts professionals and convene Art Committees to oversee the bureaucratic process of applying for arts grants for hospital art installations. These committees were comprised of “representation from artists, curators, community or patient representatives and partner agencies” who was supposed to have a vested interest in how art could be used to improve patient wellbeing.<sup>62</sup> Art committees were a logistical nightmare to organise but were vital to ensure ongoing funding of any proposed art program. This meant comprehensive *Arts in Health* programs became an elite addition reserved for a select few hospitals. The Chelsea and Westminster Hospital in London opened in 1993 with an *Arts in Health* program integrated into the hospital’s administration structure, which shall be discussed in Chapter 10. Since it opened, the diversity of the Chelsea and Westminster arts program has become the ‘pin-up’ of the hospital world and accounts of its various arts programs are regularly promoted in leading medical journals,<sup>63</sup> None of this would have been possible without the employment of arts professionals to manage art exhibitions,

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<sup>62</sup> Willis, *The Art of Good Health: A Practical Handbook*, 9.

<sup>63</sup> Dix, "Does NHS Art Make You Sick?; Susan Loppert,". Loppert, "Bert Irvin's Hollywood at Chelsea & Westminster Hospital," 519-520. Gibbons, "Hospitals Wary at Offer of Hirst's Body Parts Art," *The Guardian*, December 3, 2001.

concerts, apply for funding grants and curate the hospital's substantial art collection. Not all hospitals are large enough to employ an arts team and during the last decade *Arts in Health* consultancy companies emerged to fill the void.

Jane Willis and her company Willis Newson have emerged as the 'middle man' between government health bodies, health care managers and artists wanting to establish comprehensive arts programs or tender for art commissions.<sup>64</sup> Willis Newson has published a number of guides including *Improving the patient experience: The art of good health using visual arts in healthcare*, and *Improving the patient experience: The art of good health, A practical handbook*, in 2002.<sup>65</sup> For hospital administrators and arts professionals considering installing various art mediums into a hospital environment, Willis Newson stressed all artworks commissioned had to induce the following objective:

“Visual medium has unlimited power to capture people’s imagination – often in a more striking and memorable way than written work. Art, then, has a role to play in getting people through the door at the right time, to explaining treatment to promoting healthy living”.<sup>66</sup>

While Willis Newson provided some practical guides, government funding bodies still require scientific evidence of the benefits art brings to health care institutions. One of the first comprehensive scientific studies undertaken to evaluate the installation of art in hospital environments was undertaken by the Chelsea and Westminster Hospital Arts program from 1999-2002, titled *A Study of the Effects of Visual and Performing Arts in Health Care* by Rosalia Staricoff. This study expanded on the earlier work undertaken by Roger Ulrich's ground breaking

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<sup>64</sup> Willis Newson, Willis Newson. Willis Newson describe themselves as “the UK’s leading independent arts consultancy specialising in arts and health”. The company has been involved in many significant hospital art procurement commissions including the Bristol Heart Institute, and is working on art commissions for the new Southmead Hospital.

<sup>65</sup> Willis, *Improving the Patient Experience: The Art of Good Health Using Visual Arts in Healthcare. The Art of Good Health: A Practical Handbook*.

<sup>66</sup> *Ibid.*, 37.

study, *Effects of Interior Design on Wellness: Theory and Recent Scientific Research* on how patients with access to artworks and a view of a window recovered faster from surgery.<sup>67</sup> These reports emphasised the importance of incorporating a diverse range of art programs into hospital environments similar to those originally undertaken by Peter Senior in Manchester, with live music and performance.<sup>68</sup> Staricoff's report found patient anxiety levels were reduced when they were exposed to visual and performing arts during the preoperative stages of treatment experienced. She reported the following benefits:

“Significant[ly] diminished the levels of anxiety, and induced physiological and biological changes which have clinical value. The level of blood pressure, heart rate and cortisol were lower in the group of patients exposed to visual arts and live music”.<sup>69</sup>

In 2008 Kathy Hathorn and Upali Nanda published *A Guide to Evidence –Based Art*, discussing the therapeutic value of certain artistic mediums in reducing patient stress in a variety of health care institutions.<sup>70</sup> According to this report nearly 50 per cent of all American hospitals operated some form of arts program, however, no detailed account of these programs was given. In Australia, research on the *Arts in Health* program operating at the Flinders Medical Centre, Adelaide, South Australia in 1996 published two reports, *Arts in Health at FMC: Towards a Model of Practice* and *Arts in Health at FMC Program Report: Including Environmental Art Consultancy Phase 2* in 2009.<sup>71</sup> Both reports documented the benefits of installing art in hospitals to improve the physical and mental wellbeing of patients and staff.

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<sup>67</sup> Ulrich, "Effects of Interior Design on Wellness: Theory and Recent Scientific Research," 97-109.

<sup>68</sup> Staricoff, Duncan and Wright, "A Study of the Effects of Visual and Performing Arts in Health Care," 53-55.

<sup>69</sup> *Ibid.*, 34.

<sup>70</sup> Hathorn and Nanda, "A Guide to Evidence-Based Art."

<sup>71</sup> Putland, "Arts in Health at FMC: Towards a Model of Practice,". Putland, "Arts in Health at FMC Program Report: Including Environmental Art Consultancy Phase 2,".

Aligning hospital-based art exhibitions with art therapy catapulted the decoration of hospital wards into a new scientific arena, dominated by qualitative data and measurable outcomes. Yet not everyone was convinced art needed to be scientifically evaluated before it could be exhibited in a ward and in 2001 British doctor, Michael Baum ridiculed the idea of hospital art installations being subjected to “strict scientific empiricists and fuzzy-logic experientialists” which whittled away limited arts grants.<sup>72</sup> Dr. Baum’s opinion was in the minority and after a century of decorations relying on the artistic talents of nursing staff, volunteer organisations and philanthropists, the installation of art in hospitals has become a bureaucratic ‘minefield’ of artist proposals, evaluation forms, Health and Safety evaluations and maintenance requirements (See Fig. 9-3).

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<sup>72</sup> Baum, "Evidence-Based Art?," 306.



Slowly, the argument about the healing power of the arts has begun to be considered more widely, as arts projects and programmes have made their impact, and begun to affect the way health managers think about improving the quality of life for their patients. Yet until such a notion is sufficiently accepted to be taken into the mainstream of health care, such efforts will continue to be piecemeal, have to be argued from scratch, and be vulnerable to changes of personnel and budget cuts. Although very few countries have gone as far as the UK in recognising the enormous value of the arts in health care, this recognition is still too dependent on the vision and determination of a few individuals. Many have had to struggle ceaselessly and in isolation to establish a role for the arts, in the face of inertia, unnecessary bureaucracy, poor resources, or simply a lack of imagination.

If we believe that people should have the right of access to the arts regardless of illness, handicap or disability, the question then arises, how is this to be achieved? What is needed, if the movement that began 20 years ago is not to falter, is a Manifesto for Action, that builds on the recommendations made by the Attenborough Committee in 1985. There is little doubt that the 12 points of the manifesto outlined here would command widespread support.

The first three recommendations were in essence also made by the Attenborough Committee in 1985. Since they have not been implemented on a national basis, they need to be re-stated. The other nine focus on the need for more information about where the arts are being used and what effect they are having, better training both for health care staff and artists, more opportunities for patients living in the community, and a greater role for the arts in settings other than hospitals.

#### The manifesto

- All those with responsibility for health care services should be required to develop the use of the arts, and to establish programmes which use the services of artists in all kinds of health care settings.
- All health authorities should appoint an arts coordinator to develop relevant arts programmes within their area of authority.
- The capital cost for any new health care building or redevelopment should include a percentage, preferably a 1% minimum, allocated for the provision of artworks and facilities for arts activities.
- A national arts in health care audit should be carried out, in order to identify the main gaps in provision, at national, regional and district level. The audit should be funded by the Department of Health, and a copy of the results made available to all relevant health care and arts organisations.
- A register of artists willing and able to work in the health care field should be compiled for each region by the regional arts boards, and made available to all health care institutions in that region.
- All health care venues, including health centres and GPs' surgeries, should consider what role the arts could play in the service they offer to their patients, and put their conclusions out for consultation to their local community.
- Research should be commissioned to provide proper scientific evidence of how the quality of life of patients in receipt of health care is improved by contact with the arts, and how such contact affects rates of recovery, use of medical resources, and other kinds of behaviour.
- The use of the arts in health care should become part of the education and training of health care staff such as doctors and nurses, as well as health managers. In-service courses for such staff on the use of particular art-forms should be much more widely available.
- Short courses should be set up for artists wishing to be employed in this field, to acquaint them with the practicalities of the work, and help them to develop the necessary personal and communication skills to carry it out effectively.
- Training for musicians, actors and other performers should include experience in performing in community settings, including health care institutions, on the lines of the course run at the Guildhall School of Music and Drama in London.
- Minimum rates of pay should be agreed for all artists working in health care, to avoid exploitation.

Figure 9-3 The Manifesto, provides a list of items to be considered by those considering installing art works into hospital locations during the late 1990s. Senior, Peter and Jonathon Croall, Helping to Health: The Arts in Health Care. London Calouste Gulbenkian Foundation, 1993. 93

## ***National networks needed to support Arts in Health***

With no abating in the *Arts in Health* movement, another group of organisations has formed to unite the fragmented network of *Arts in Health* professionals. In 2001 the National Network for the Arts in Health or NNAH opened in Britain to provide advice on all elements of art in hospitals.<sup>73</sup> Despite its popularity among British and overseas health care based arts professionals, the NNAH was closed in 2006 due to the withdrawal of government funding.<sup>74</sup> For *Arts in Health* researcher Josie Aston, the loss of this national advice body further fragmented those art professionals employed throughout Britain.<sup>75</sup> Presently the London Arts Health Forum (LAHF), under the directorship of Guy Noble, operates an updated version of both the BHCA and NNAH, with a strong focus on using various art forms to improve community wellbeing.<sup>76</sup>

In America the formation of a national arts health body began in 1991 with the creation of the Society for Arts in Health (SAH) with its focus on the therapeutic role of arts in health care environments.<sup>77</sup> The organisation was based on the success of one of the first *Arts in Health* programs undertaken by Janice Palmer at The Duke University Medical Centre, Durham, North Carolina in 1978.<sup>78</sup> Palmer with colleague Florence Nash published a practical account of their experiences in *The Hospital Arts Handbook*<sup>79</sup> in 1991. It was the first comprehensive guide to establishing a hospital arts program published since the United Hospital Funds 1961 booklet.<sup>80</sup> Similar to later British publications by Jane Willis, Palmer stressed the importance of appointing

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<sup>73</sup> "Arts Network on the Net," 7.

<sup>74</sup> Hebron, "Shaky Foundations," 30.

<sup>75</sup> Aston, "When the Architects Leave: Maintaining Artworks in the Hospital Environment,".

<sup>76</sup> Welcome to London Arts in Health Forum (LAHF).

<sup>77</sup> Palmer, "An Introduction to the Arts-for-Health Movement or How the Arts Sneaked in on the Medical Model".

<sup>78</sup> Ibid.

<sup>79</sup> Palmer and Nash, *The Hospital Arts Handbook* .

<sup>80</sup> United Hospital Fund, *Planning a Picture Program for Your Hospital*.

an arts director and then forming an Arts Committee to oversee the establishment and ongoing costs of operating a hospital arts programs.<sup>81</sup>

The SAH is America's leading *Arts in Health* advisory body and holds annual conferences to promote a wide range of commercially driven health care based programs. Each conference provides a forum for hospital art professionals and artists to 'spruik' their merchandise. This commercial side of the *Arts in Health* industry is rarely discussed or experienced outside the American private hospital system. The impact of substantial philanthropic donations for hospital art installations is most evident in American hospitals and shall be discussed further in Chapter 10.

In Australia the creation of the country's first arts health advisory body has had a fragmented start. In 2007 the University of Newcastle opened the ArtsHealth Centre for Research and Practice, holding national conferences in 2008 and 2009 to unite artists and medical professionals to discuss the growing practice of *arts in health* in Australia. Despite the research group's initial success it was closed in 2010 due to funding restrictions.<sup>82</sup> Since then, two organisations have formed to foster the emerging arts in health movement in Australia. The Institute for Creative Health is working on the final stages of developing a national arts in health policy.<sup>83</sup> However, this advisory body has no government budget allocations to commission art installations, or enforce a percentage for an arts budget on new hospital developments or renovations. The institute has been spearheaded by the *Arts in Health* team from Flinders Medical Centre in Adelaide, originally formed in 1996 and is overseen by Sally Francis.<sup>84</sup> The program at Flinders

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<sup>81</sup> Palmer and Nash, *The Hospital Arts Handbook*, 41-45.

<sup>82</sup> Artshealth Centre for Research and Practice, "Artshealth Symposium #1" (paper presented at the ArtsHealth Conference #1 University of Newcastle 2008 2008); ArtsHealth: Centre for Research and Practice, "Artshealth Conference #2" (paper presented at the ArtsHealth Conference #2 2009 - the image music text of pain and healing, University of Newcastle 2009).

<sup>83</sup> The Institute for Creative Health.

<sup>84</sup> Susan Barclay, 2010. Interview with Sally Francis, co-ordinator, *Arts in Health* program at Flinders Medical Centre, Adelaide South Australia.

was based on Peter Senior's original program at St Mary's and integrates a wide range of arts mediums into the hospital.<sup>85</sup>

Meanwhile, Arts & Health Australia (AHA) is a private consortium founded by Margret Meagher, and holds annual conferences across Australia bringing together medical professionals, artists and health organisations involved in various Arts and Health projects relating to "mental health and healthy ageing".<sup>86</sup> AHA does not focus on the curatorial issues of installing original artworks hospitals, but rather community-based, art based programs, relating to the therapeutic value of art making. In contrast, Flinders Medical Centre has procured a permanent art collection to display throughout the hospital, as well as holding a variety of artist-in-residency programs each year, including musical and drama recitals held in wards and public areas.<sup>87</sup>

In Australia the diversity of *Arts in Health* programs offered is still reliant on individual hospitals having the funds to employ an arts professional and commission artworks. In 2006 The Australia Council funded research into the *Evaluation of Art in Hospitals*, undertaken by Dr. Lindsay Farrell, from the Australian Catholic University. The study concluded in December 2012, and the findings are still to be published. With the growing divide between the public and private hospital system in Australia increasing, it appears the focus of *Arts in Health* programs is still absent in many underfunded publicly hospitals. Private hospitals decorate their interior spaces with generic framed prints, similar to those chosen for hotel rooms and corporate offices.

The creation of diverse *Arts in Health* programs brings immense emotional benefit to large groups of people in a variety of health care institutions. However, the need to adhere to corporate objectives and documented measurable outcomes has meant the original reason for hanging a print on a ward wall has been overlooked by many arts professionals. With key

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<sup>85</sup> Putland, "Arts in Health at Fmc: Towards a Model of Practice; "Arts in Health at FMC Program Report: Including Environmental Art Consultancy Phase 2."

<sup>86</sup> About Arts & Health Australia.

<sup>87</sup> Barclay. Interview with Sally Francis Flinders Medical Centre, Adelaide SA

hospitals continuing to acquire large valuable art collections, the scale and value of the art exhibited is transforming them into 'quasi-museums'. By aligning art and decorations with therapeutic treatments, the simple act of hanging a picture on a wall is now an extremely complex and expensive undertaking.

## Chapter 10

### Flying fish and a giant acrobat - 'quasi-museums'

There's some cutting-edge contemporary art going on exhibit – but you might need surgery to see it.<sup>1</sup>

By the 21<sup>st</sup> century art collections exhibited in hospitals reflected those found in some of the world's leading art galleries and museums. The dramatic shift in the scale and cost of art installed in hospitals displaced cheap decorations and allowed hospital administrators and arts professionals to transform foyers and entrance atriums into 'quasi-museums'. Now you could expect to see an 18-metre high acrobat cartwheels in an airy atrium, or a set of glittering wings suspended under a glass roof and a school of giant sardines swim unnoticed five floors above a busy hospital entrance (See. Fig 10-1 and 10-2).<sup>2</sup> Since the arrival of the *Arts in Health* movement in the 1970s, hospital art collections have metamorphosed beyond a simple framed print hung on a wall to brighten a patient's outlook. This chapter discusses the growing art management issues faced by key British, American and Australian hospitals as they try to juggle the complex relationship of curating contemporary and historical art collections in health care institutions.

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<sup>1</sup> Brooks Barnes, "The Picasso Prescription," *The Wall Street Journal*, November 20, 2001.

<sup>2</sup> Behrman, "Art in Hospitals: Why Is It There and What Is It For?" 584-585. Allen Jones *The Acrobat*, 1993 is situated in atrium of London's Chelsea and Westminster Hospital, London, along with a school of giant sardines located under the hospital's glass roof. A metal sculpture, Boiler Suit 2007 by Thomas Heatherwick, is installed around the entrance to Guy's and St Thomas' Hospital, London.



Figure 10-1 Photograph of Giant Sardine installation in the atrium at the Chelsea and Westminster Hospital in London. S. Barclay



Figure 10-2 Photograph of the *Boiler Suit* (2007) by artist Thomas Heatherwick, installed as a building facade at Guy's Hospital in London. Source "Boiler Suit, Guy's Hospital, London ". Odd-shaped buildings on Waymarking.com, [http://www.waymarking.com/waymarks/WM49NX\\_Boiler\\_Suit\\_Guys\\_Hospital\\_London](http://www.waymarking.com/waymarks/WM49NX_Boiler_Suit_Guys_Hospital_London).

## *Sardines, acrobats and a Hogarth*

Having large-scale, contemporary artworks on display has improved the physical appearance of many hospital entrance foyers, but they come with a host of conservation and management issues. At the Chelsea and Westminster Hospital in London, the only means of cleaning the large fibreglass sardines swimming across the hospital's ceiling involves hiring a specialist abseiling team to scale the dizzy heights with cleaning cloths.<sup>3</sup> Ironically, these giant fish can only be seen in their entirety from the hospital's upper floors. They remain virtually invisible to people below unless they gaze upwards to see the dust-free underbellies of these giant fish.

Over the centuries, many British hospitals have accumulated large art collections, comprising a variety of artistic mediums and decorative items. These items have placed an extra burden on overworked administrators, who were forced to address physical conservation issues and requests from historical researchers searching for archival data. Cataloguing, storing and maintaining each item is a costly and time consuming affair, but all these items are tangible, precious parts of a hospital's social history and cannot be simply discarded.<sup>4</sup> As health care institutions are forced to cope with reduced budgets, two major London hospitals, St Bartholomew's and Guy's and St Thomas' Hospital, have adopted different management strategies to deal with historical collections and *Arts in Health* programs.

St Bartholomew's Hospital London was "founded in 1123 by Rahere, formerly a courtier of Henry I" as a Priory to care for the sick.<sup>5</sup> In 1666, the hospital survived the Great Fire of

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<sup>3</sup> Susan Barclay, 18 May 2010. Interview with Anna Mattham, art curator at Chelsea and Westminster Hospital.

<sup>4</sup> May 2010. Interview with Gabrielle Allen assistant arts consultant at Guy's and St Thomas' Hospital, London. She discussed the problems of managing the hospital's antique silver collection donated over centuries by wealthy patrons and staff. These items are not suitable for display but still need to be retained by the hospital, with conservation costs covered by the hospital's art charity.

<sup>5</sup> *St Bartholomew's Hospital: Our History*.



London and has been subject to countless renovations and re-building projects over the centuries. From an art history perspective, the hospital is best known for its iconic William Hogarth murals painted in 1734-37.<sup>6</sup> Guy's and St Thomas' Hospital, London, was founded in 1170 and named after Saint Thomas Becket and the 18<sup>th</sup> century philanthropist and bible seller Thomas Guy.<sup>7</sup> According to the hospital's art curator, Gabrielle Allen, items held in the hospital's art collection include silverware dating from the 16<sup>th</sup> century.<sup>8</sup>

At St Bartholomew's, when visionary English 18<sup>th</sup> century painters Joshua Reynolds and William Hogarth offered to donate paintings, hospital management was delighted to attract such influential support. However, 300 years later the hospital's archivist Katie Ormerod and the board are faced with the responsibility of owning priceless artworks of national and global significance. To recoup some of their ongoing maintenance costs, the Hogarth and Reynolds paintings are part of the hospital's medical museum, but this is not one of London's prime tourist sites and the entrance fees collected do not cover the ongoing conservation of these historical works (See. Fig. 10-3 and 10-4).<sup>9</sup>



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<sup>6</sup> *St Bartholomew's Hospital: Our History*. Refer to the introduction for a detailed history of the paintings installed for the original patrons' entrance to St Bartholomew's Hospital, London.

<sup>7</sup> Barclay. Interview with Gabrielle Allen, Art Curator, Guy's and St Thomas' Hospital Trust London.

<sup>8</sup> Barclay. Interview with Gabrielle Allen, art curator Guy's and St Thomas' Hospital London.

<sup>9</sup> *St Bartholomew's Hospital Museum and Archives, Bart's Health & Museum Archives*.

Figure 10-3 External facade of St Bartholomew's Hospital London, the William Hogarth paintings are a treasure hidden behind the blue painted door. S. Barclay 2010



Figure 10-4 William Hogarth's *The Good Samaritan* and *Pool of Bethesda*, St Bartholomew's Hospital London. S. Barclay 2010

Looking after the Hogarth murals is only a small part of Ormerod's work, as she supervises the hospital's vast archive, medical equipment collection and extensive historical art collection. The vast majority of the latter is locked away in numerous store rooms and is unlikely to ever be displayed in the hospital's public areas. Even the historical significance of the Hogarth paintings is given minimal exposure, with hospital administrators preferring to use images from the institution's current *arts in health* program, in advertising and promotional material. Ormerod

noted the Hogarth murals, despite their international reputation, are a forgotten part of the hospital's social fabric.

“They occasionally use them. Recently they have wanted to get away from the image of an ancient hospital and promote the new buildings, the modern side of medical care and not harp back to its history. Modern imagery is used. So unless it is a press release specifically about the history of the hospital, then they don't really use our stuff’.<sup>10</sup>

Ironically Hogarth's paintings at St Bartholomew's were regularly cited as historical examples of hospital art installations in a wide range of academic journals including *The Art Bulletin*, *The Lancet* and *The British Medical Journal*.<sup>11</sup> Maintaining both an historic and contemporary *arts in health* program has forced the hospital's administration to adopt two separate strategies, despite both being in the same physical location. The *arts in health* program is run by Vital Arts, a group established by Jane Willis (founder of Willis Newson) as part of The Barts and London NHS Trust in 1994. Vital Arts oversees a diverse arts program, encompassing artists-in-residency projects, music recitals and art exhibition spaces.<sup>12</sup> The art collection acquired by Vital Arts for the hospital's new breast cancer unit was documented in the 2005 publication of *West Wing Making Art and Architecture Work for Health*. This book recounted the renovation and art commission processes undertaken by the London Breast Care Centre, which included a range of contemporary artworks, installed to distract patients during treatment.<sup>13</sup> The cutting edge contemporary art selected by the unit's Art Committee differed greatly from the 'dusty' didactic murals by Hogarth. The book's publication emphasised growing public support of art in

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<sup>10</sup> Interview with Katie Ormerod, 17 May 2010.

<sup>11</sup> Senior and Croall, *Helping to Health: The Arts in Health Care*, 3. Baron, "A History of Art in British Hospitals," ; Antal, "Hogarth and His Borrowings," 36-48. Baron, "Hogarth and Hospitals." 1512-1514. Moss, "Paintings, Patients and Propaganda," 15-19.

<sup>12</sup> *Barts Health NHS Trust, "Vitalarts*. Vital Arts has been commissioning artworks for public areas of the hospital since 1994 and oversees a daily running of a significant contemporary art collection displayed throughout various health clinics and wards.

<sup>13</sup> Sayer, *West Wing: Making Art and Architecture Work for Health*.

hospitals when it was commissioned to support a 'worthy cause'. In the past, several NHS hospitals received negative press for spending money on artworks, instead of essential medical services. It appears Vital Arts managed to avoid criticism due to the emotive and highly publicised accounts of breast cancer sufferers and their claims to improve patient treatment in the newly furnished unit. A similar uncritical approach is taken towards art installed in children's hospitals or wards. No journalist would publically vilify such artistic endeavours, due to the emotive nature of children and illness. In contrast, general hospital art installations for wards still attract criticism from the media and are often vilified as a waste of public funding.<sup>14</sup>

Administering two very different art collections with opposing agendas has meant only one gained wide public support, while the other languished - literally - behind closed doors<sup>15</sup>. For St Bartholomew's, one collection supports the vision of cutting edge medical care with contemporary art; the other reflects back centuries to the hospital's medical and social heritage. The Hogarth murals were procured to signal the longevity, experience and stability of health care for the community, but are now considered outdated following the nationalisation and secularisation of British health services since 1949. The Christian parables illustrated by Hogarth are no longer relevant to sections of Britain's multicultural population and the low public profile of the murals has forced Ormerod to look beyond the hospital's patrons for ongoing finance to secure the mural's conservation future.

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<sup>14</sup> "In Praise Of... Art in Hospitals," *The Guardian*, October 27, 2005. The article criticised the spending of an alleged Stg£9 million on arts by the NHS, and the Stg£70,000 for "a pebble" in front of the University College Hospital in London. "Anger at Health's Gbp100,000 Art Bill," *The Star*, November 2, 2005. The report targeted South Yorkshire Health for spending Stg£100,000 on art for hospitals over a two-year period that the newspaper argued would have been better spent on patient care.

<sup>15</sup> The location of the Hogarth murals is not marked by any labels on the façade of the building in which they are housed. Most people who pass the plain, blue door in the hospital's court yard would be unaware of the historical works which can be seen once the door is opened. This omission is partly for security reasons, but also due to the outdated imagery and their lack of relevance to contemporary medical practices.

## *Looking to the formal art world for support*

Katie Ormerod and her assistant's duties are complex and diverse, and include the daily running of the hospital's medical museum, overseeing of volunteer guides, conservation requirements, funding grant applications, cataloguing and answering research enquires, including my own.<sup>16</sup> This is a daunting task for two people, when enquiries can relate to the hospital's medical, art or social history dating back several centuries. Faced with such an enormous workload, Ormerod has outsourced some curatorial tasks to the British government-funded Public Catalogue Foundation.

The Public Catalogue Foundation was formed in 2002 to photograph and catalogue an estimated "210,000 oil paintings from over 2,800 collections" located throughout Britain.<sup>17</sup> This charitable organisation receives funding from various international and local arts bodies, including J. Paul Getty Jr Trust, the British Arts Council, the National Gallery Trust and the Paul Mellon Centre for Studies of British Art, which was established to ensure Britain's forgotten oil paintings, did not slip permanently from public view.<sup>18</sup> The charity's mission is to photograph and catalogue all paintings held by a variety of British institutions and to publish the images in a series of catalogues.<sup>19</sup>

For Ormerod, the Foundation has provided an invaluable free resource for the hospital and its hidden art collection by aligning St Bartholomew's collection with other institutional art

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<sup>16</sup> Ormerod. Interview with Katie Ormerod May 2010

<sup>17</sup> *Public Catalogue Foundation*.

<sup>18</sup> *Ibid.*

<sup>19</sup> *Ibid.* Currently the Foundation estimates they have photographed and catalogued about 1,600 of an estimated 2,800 art collections held throughout Britain.

collections in the broader art world. Their art collection now forms part of the *City of London* catalogue.<sup>20</sup> The unpleasant subject matter of many of the historical art paintings has meant they will rarely be placed on public display, so their inclusion in the Foundation Catalogue ensures they remain on public record.

Guy's and St Thomas' Hospital has taken a different approach to managing their historical, contemporary art and heritage collections comprising approximately 4,000 items dating back to the 16<sup>th</sup> century.<sup>21</sup> Unlike St Bartholomew's Hospital, Guy's and St Thomas' has installed a permanent exhibition of historical items from their vast medical and art collection in their main entrance foyer (See. Fig. 10-5).

The complexities of running a large art collection have forced Guy's and St Thomas' Hospital to also utilise government-funded research services. Management of archival files has been outsourced to the City of London's archives, who handle all research requests for documentation on the collection.<sup>22</sup> This outsourcing allows the small arts management team to concentrate on operating the hospital's contemporary *Arts in Health* program and direct resources towards commissioning new site-specific artworks such as the imposing *Boiler Suit* (2007) by Thomas Heatherwick.<sup>23</sup> Inside the hospital's main atrium a large sculpture titled *The Wave* (2005) by Andrew Logan appears to hover below the glass roof (see. Fig 10-6).

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<sup>20</sup> *The Public Catalogue Foundation*. This web site contains images of historical oil paintings held by St Bartholomew's Hospital London.

<sup>21</sup> Barclay. Interview with Gabrielle Allen at Guy's and St Thomas' Hospital, May 2010

<sup>22</sup> The hospital's website has a hyperlink to the London Archives, <http://www.gsttcharity.org.uk/arts/lma.html> reducing the need for redirecting of enquiries by hospital arts staff.

<sup>23</sup> Guy's and St Thomas' Charity, "Look Book: An Eye-Opener on the Art at Guy's Hospital," A visually striking metal braided structure that physically wrapped around Guy's and St Thomas Hospital's main entrance.



Figure 10-5 Small historical displays at Guy's and St Thomas have freed the hospital's arts staff from the responsibility of operating a museum. S. Barclay 2010



Figure 10-6 *The Wave* by Andrew Logan at Guy's and St Thomas Hospital London. S. Barclay 2010



Both of these artworks are visually striking but to ensure they retain maximum exposure the hospital’s Art Committee has reinvented a highly popular museum technique and produced a self-guided booklet of key artworks titled the ‘Look Book’.<sup>24</sup> The pamphlet includes a map, picture and explanation of each artwork along the selected route. For example, Andrew Logan’s *The Wave* is described as:

“Local artist Andrew Logan created a bespoke fibreglass and mosaic Wave suspended from the gantry in Atrium 1, visible from the ground and first floors as well as from offices and wards”.<sup>25</sup>

Many of the artworks act as way finders and encourage patients and visitors to explore their environment. This aligns the art collection with the *arts in health* movement, by meeting a wellbeing objective and encouraging patients and visitors to exercise as they wander around the hospital’s public areas. (See. Fig. 10-7).



**Figure 10-7 “Look Book: An Eye-Opener on the Art at Guy’s Hospital” a self-guided tour of the hospital’s key art commissions. Guy’s and St Thomas’ Charity London**

<sup>24</sup>Guy's and St Thomas' Charity, "Look Book: An Eye-Opener on the Art at Guy's Hospital." Both the *Boiler Suit* and *The Wave* are featured as part of the hospital’s art tour. The tour also includes more tradition artworks including the bronze statue of Thomas Guy (1739) by Peter Scheemakers.

<sup>25</sup> Ibid.

While the Chelsea and Westminster is not burdened with an historical art collection, the hospital runs a comprehensive *Art in Health* program incorporating musical recitals and drama performances in the wards and public areas of the hospital. Several exhibition spaces cater for student and professional artists, all overseen by two arts professionals. The artists are selected by an *Art in Health* committee, composed of arts professionals and medical staff. Artists are encouraged to sell their works and donate 25 per cent of the sale to the hospital for future procurements.<sup>26</sup>

From the positive reviews of the art program reported in leading medical journals and newspapers, it would seem this hospital arts program has managed to integrate a professional arts program into a hospital environment.<sup>27</sup> Yet despite the arts' highly visual presence in the hospital, the arts team still faces a raft of problems in trying to maintain a significant collection outside the confines of an art institution. Arts assistant, Anna Mattham noted they often encountered problems when trying to retrieve artworks during renovations.

“With a lot of building work and different departments moving and have to be really on the case to get those artworks down and off the walls. And it is really, really a problem in the hospital, all the artworks are fitted with special security fittings and they need special people to get them down and no one else...we don't find out until the last moment and it's a race against time. At the end of the day it is a non-clinical matter, and not at the forefront of peoples' mind and we are always to the last to know”.<sup>28</sup>

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<sup>26</sup> Barclay. Interview with Anna Mattham May 2010

<sup>27</sup> Gaze, "Take Art", 57-59. Dix, "Does NHS Art Make You Sick?", 22-25. Fine, "The Importance of the Arts in Hospital Development," 20-21. Baron and Nigel Weaver, "Art in the Hammersmith Hospitals and Medical Schools," ed. Hammersmith Hospitals and Medical Schools. Delamothe, "Chelsea and Westminster Hospital Arts Project: Early Days," 1634-1635. Loppert, "Bert Irvin's Hollywood at Chelsea & Westminster Hospital", 519-520. Moss, "Architects for Health," 93. de Burgh, "A Healthy Interest in Art," 1733. Gibbons, "Hospitals Wary at Offer of Hirst's Body Parts Art", *The Guardian*, December 3, 2009.

<sup>28</sup> Barclay. Interview with Anna Mattham May 2010

Sadly if one of the world's foremost hospital *arts in health* programs has communications problems with management over the protection of artworks then earlier decoration programs were doomed to fail from their inception.

Both Guy's and St Thomas' and the Chelsea and Westminster hospitals operate commercial gallery spaces similar to their art world counterparts. In the past few years both have applied for accreditation and membership of the British Museums, Libraries and Archives Council (known as the MLA) a national charity providing professional advice and networking services to public institutions throughout Britain.<sup>29</sup> In late 2010 the Chelsea and Westminster became the first British hospital to be granted admission, therefore giving the hospital formal gallery status.<sup>30</sup> However, the MLA was merged with Arts Council England in June 2012 as part of the British government's reduction of public spending and the value of its support services to both hospitals is now unclear.<sup>31</sup>

All three of the abovementioned British hospitals have acquired or commissioned extensive art collections, each has procured key pieces to rival their art gallery contemporaries and each has turned to museum practices and archive support services to enable them to meet auditing and cataloguing targets. The arts staff at all three hospitals agreed exhibiting artworks was a vital element in improving the physical appearance of each hospital. Anna Mattham at the Chelsea and Westminster noted the ethos of their art program was working "to integrate visual and performing arts into the environment to alleviate anxiety and so to speed up recovery".<sup>32</sup> That observation supports Nightingale's original objective to create a comfortable ward environment with flowers and the occasional framed print to 'brighten' a patient's view from their bed.

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<sup>29</sup> *Museums Libraries & Archives Council Mla.*

<sup>30</sup> Interviews with arts personal at both hospitals provided the information that they were in the process of applying for membership the MLA. At present the author has been unable to confirm whether Guy's and St Thomas' has been granted membership.

<sup>31</sup> Vaizey, "Future of the Museums, Libraries and Archives Council."

<sup>32</sup> Barclay. Interview with Anna Mattham May 2010.

Whether Nightingale would have approved of the large scale contemporary installations of fish and wings is debatable, but neither work would have withstood the corrosive elements of the Victorian era's favoured cleaning agent of carbolic acid.

### ***The Americans take it a step further***

In America the culture of substantial philanthropic donations by private benefactors has meant many private hospitals have acquired art collections to rival their commercial peers. Art collections acquired through this process have transformed hospitals into 'quasi-museums' where the boundaries between the hospital and art gallery have been blurred. Each collection acts as a powerful marketing tool to attract prospective patients to the highly competitive private hospital business in America.

During the 1980s, Dr AE James published a number of articles in leading American medical journals promoting the benefits of undertaking philanthropic donation of art to hospitals.<sup>33</sup> According to James, one of the key reasons for donating art was to form a permanent memorial to past hospital patients and donors.

“Another method of painting acquisition is a single work given to honour someone. That someone may be a physician, a founder or benefactor of the institution, or given by the relatives of a former patient in appreciation for the perception of excellent care provided by the hospitals”.<sup>34</sup>

These artworks were similar in fashion to the earlier British tiled panels often commissioned by wealthy hospital patrons. Art procured through philanthropy, James argued, would assist hospital administrators in acquiring a significant art collection as a means of improving their hospital's

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<sup>33</sup> Everette, "One Physician's Opportunity to Contribute to the Arts," 18-21. Everette, "Painting Collections in Hospitals: Humanity in Medicine," 227-230. Everette et al, "Painting Collections in Hospitals," 4-6.

<sup>34</sup> Everette, "Painting Collections in Hospitals: Humanity in Medicine," 228.

physical appearance. James did clarify that the added bonus of tax incentives helped encourage philanthropic donations.<sup>35</sup> That opinion was supported by Laurence C. Zale, partner of *Visual Arts Advisory Services*, who believes Americans make philanthropic donations of art to hospitals for altruistic reasons including goodwill, a desire to improve a hospital environment for staff and patients and also for tax deductions.<sup>36</sup> Under American taxation law, philanthropic donations of artworks, according to Zale, can have financial benefits as “the deduction is often greater than the net amount of the sale”.<sup>37</sup> For academic Francie Ostrower, philanthropy in America reflects a person’s desire to express their identity and what better place than within a hospital foyer.

“The examples concerning family illness highlight the individual and an even emotional aspect of philanthropy...philanthropy as a social institution derives strength from the fact that it becomes a channel through which individuals can express various personal experiences, attachments, and relationships with other people”.<sup>38</sup>

This desire to visually remember the legacy of a person’s philanthropic generosity is evident throughout the ground floor entrance of New York’s Mount Sinai Hospital. The art exhibited is reflective of large museum installations, such as the large brass globe *La Sfera Grande* by Italian artist Arnaldo Pomodoro (See. Fig10-8) and a sculptural seat titled *Bench* created by leading American abstract sculptor Isamu Noguchi (1904-88).<sup>39</sup> Funds to commission *Bench* were donated by relatives of Mrs Sadie Annenberg who used her philanthropic dollars to fund the Annenberg Building located in the sprawling hospital complex.<sup>40</sup> The family even donated a portrait of the matriarch exhibited near *Bench* to ensure all those walking past made the

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<sup>35</sup> James, "Painting Collections in Hospitals: Humanity in Medicine." 229

<sup>36</sup> Lawrence C Zale, 2 September 2010. Zale and Temple, "Donations of Art: They Are Not Just Appropriate for Museums."

<sup>37</sup> Personal correspondence with Lawrence C Zale.

<sup>38</sup> Ostrower, *Why the Wealthy Give: The Culture of Elite Philanthropy*, 19.

<sup>39</sup> Pachner, "Noguchi, Isamu".

<sup>40</sup> Niss, "Art at Mount Sinai," 413-417.

connection between the two artworks and understood the significance of the family's financial contribution to the hospital (See. Fig 10-9).<sup>41</sup>



**Figure 10-8 Arnaldo Pomodoro *La Sfera Grande*. S. Barclay 2010**

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<sup>41</sup> As an added incentive Mt Sinai offers its patients the option of private rooms decorated to resemble 19<sup>th</sup> century drawing rooms with “cuisine that matches top notch NYC dining...premium reverse sateen 300-thread-count bed linens...complimentary Belgian chocolates upon discharge”.<sup>41</sup> That is an image of a hospital ward far removed from the smell of boiled cabbage and potatoes wafting through corridors of Australian and British NHS hospitals.



Figure 10-9 Portrait of Mrs Sadie Annenberg exhibited near the building and art work commissioned through philanthropic donations by the family. S. Barclay 2010

While the artworks at Mount Sinai are a striking presence in the hospital's foyer, they were not the outcome of protracted funding applications or supported by evidence-based design reports.

These artworks were installed due to the generosity of personal donations and taste. While Mount Sinai's art collection is impressive, the Cleveland Clinic in Cleveland, Ohio, has acquired an art collection the envy of their international colleagues in both the art world and hospitals.

The Cleveland Clinic art program is overseen by a team of six full-time arts professionals and an additional five staff are involved in the Clinic's music program. These staffing levels are more representative of a museum or gallery than an underfunded public hospital art program.<sup>42</sup> The Clinic's large art team has adopted a wide range of museum services to promote their impressive contemporary art collection, including self-guided audio tours of 33 key artworks, an online catalogue, guided tours, artist talks, temporary and permanent exhibition spaces and a distant learning program operated in conjunction with the Cleveland Museum of Art.<sup>43</sup> Virtual links with the Cleveland Museum of Art have allowed the Clinic to integrate regular educational videos on key museum pieces as part of their entertainment options for patients to "participate in dynamic conversations about art through the medium of high definition videoconferencing", essentially a virtual tour around a museum from the confines of a hospital bed.<sup>44</sup> This innovative program promotes the use of art as a health benefit and provides the Clinic with a powerful marketing tool in the highly competitive private health care system, where each hospital has to vie for patient patronage in a similar fashion to other service providers.

However not all art donations are directly received by American hospitals. New York art consultancy RxArt, founded by Diane Brown in 2000, secures funding for hospital art

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<sup>42</sup> *Cleveland Clinic, About Arts & Medicine Institute.* The list of staff includes four curators, office manager, four music therapists and a preparatory, to hang and frame artworks and exhibitions.

<sup>43</sup> *Cleveland Clinic, Selection from the Collection.*

<sup>44</sup> *Cleveland Clinic Arts & Medicine Institute.*



installations from a variety of philanthropic sources to meet an objective of “providing a humanistic and creative surrounding which helps to relieve stress and anxiety, inspiring hope and improved morale in patients, families and staff”.<sup>45</sup> Since the creation of RxArt, Brown has commissioned some of America’s leading contemporary artists, including Jeff Koons, best known for his iconic sculptures of large balloon animals, to decorate hospital environments across the country.<sup>46</sup> Brown never has to ‘grovel’ for funding as British nurses did to fund their simple decoration programs. Her company’s impressive list of donors again shows the power of a strong philanthropic culture and how it can be used to procure museum-quality art for a variety of hospital locations.

Despite a strong philanthropic culture, one of the country’s largest health care based art collections is owned by the New York City Health and Hospitals Corporation (HHC) curated by Gregory Mink. The collection comprises over 6,000 artworks located at 17 health care sites throughout the New York area.<sup>47</sup> In recent years Mink and his assistant have begun the enormous task of uploading digital images of key artworks onto an online catalogue,<sup>48</sup> accompanied by basic biographic information and their location.<sup>49</sup> For Mink, this digital catalogue will allow staff from the city’s various health institutions to choose works to hang within their working environment, ensuring the collection retains a visual online and physical presence.<sup>50</sup> For Mink, the best way to ensure the city’s art collection stays secure is by having a good working relationship with health care and medical staff at each location.

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<sup>45</sup> Susan Barclay, 2010. Interview with Diane Brown director of Rx Art.

<sup>46</sup> Ibid. RxArt now focuses on art installations for paediatric hospitals.

<sup>47</sup> Interview with Gregory Mink curator of the HHC art collection May 2010

<sup>48</sup> Computer cataloguing systems have been operating for decades in museums and galleries. However, most institutions still retain paper duplications of files, especially archival information. Mosaic is a commercial cataloguing software used by galleries and museums to catalogue their collection.

<sup>49</sup> As of January 2013 the digital collection of the HHC was still limited to selected artworks at a number of the city’s hospitals. <http://www.nyc.gov/html/hhc/html/art-collection/artcollection.shtml>

<sup>50</sup> Barclay. Interview with Gabrielle Allen at Guy’s and St Thomas’ Hospital, London, May 2010. The hospital had an electronic database specifically designed to accommodate the wide variety of historical and contemporary items.

“Auditing the collection is always ongoing. So one of the things is dealing with staff, that’s one of my responsibilities to go out to the facilities and make my site visits, just to keep an eye on the works of art”.<sup>51</sup>

In 2010 I was given a tour of Woodhull Medical Centre, New York, a publically funded hospital located away from the city’s main tourist attractions.<sup>52</sup> This hospital was fortunate enough to have American artist Keith Haring paint a mural for its main entrance foyer.<sup>53</sup> Mink has aimed to ensure corridors and waiting areas are decorated with colourful artworks by local emerging artists reflecting the cultural diversity of the area. With a limited budget for new acquisitions, Mink focuses his resources on decorating hospital walls, rather than operating interactive *Arts in Health* programs. This use of art reflects the original BHCA agenda, of using art to bring the local community into the hospital, not the use of art as a statement of financial status. As Mink gave me a tour of the hospital, staff shared their positive views of the artworks installed, reflecting the aims of those nurses 100 years earlier who had used cheap, coloured prints to brighten their working environment.

Apart from those hospitals holding WPA murals and the work of the United Hospital Fund, the shifting trends of American hospital art collections has been difficult to verify due to an absence of archival information. It appears most hospitals that publish accounts of their decorating endeavours focus on collecting contemporary art.<sup>54</sup> These art collections are used to entice patients to undergo treatment in certain hospitals and act as a form of advertising. In America,

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<sup>51</sup>Interview with Gregory Mink, May 2010

<sup>52</sup> Ibid. Mink described the area surrounding Woodhull as “covering the New York areas of Bushwick, Williamsburg, Greenpoint, Bedford Stuyvesant and Fort Greene, and provides medical services for people from African American and Caribbean communities”.

<sup>53</sup> "HaringKeith," Keith Haring (1958-1990) American contemporary artist renowned for his graffiti-style murals, showing stylised figures tumbling and walking across walls.

<sup>54</sup> Ollanketo and Cara Elsas Ramsay, "No Longer and Afterthought: The Emerging Importance of Art." 62-63. This article details the art collection procured by the Dublin Methodist Hospital, Ohio. The hospital board commissioned 150 works on canvas for the hospital’s patient waiting areas. Gaerig, "World-Class Art for a World-Class Clinic," 50-51. This article describes a number of key pieces collected by the hospital, including installation work by Jennifer Nocon. Gaerig, "St. Francis' Wolf Gallery: A Green Facelift," 54-55. In this article Gaerig describes the large art collection procured by the St Mary’s Hospital, Madison, Wisconsin.

the large number of private hospitals means health care administrators must find ways to attract patients. Modern art is used to foster an image of an institution dedicated to providing cutting edge medical care in a contemporary environment. A selection of portraits of past doctors or Victorian narrative scenes would not have the same appeal, and represented an era when medical care was associated with pain and death. In many American hospitals art is viewed from a connoisseur's perspective, a claim supported by monthly art essays published in the *Journal of the American Medical Association* (JAMA). Each month the journal's cover features an artwork on its cover, supported by an essay on the artist and their oeuvre.<sup>55</sup> These essays are written from a connoisseur's perspective for doctors with an interest in art history, as opposed to an art therapy perspective of the *Arts in Health* movement.

The private funding structure of American private hospitals has given many the financial means to employ external arts professionals to oversee all aspects of their art collection, supported by philanthropic donations to purchase or commission world-class art collections.<sup>56</sup> Former doctor and historian Dr. J. H. Baron who worked in British and American hospitals during his long career provided several definitions for the varying philanthropic donation trends for hospital art installations. Firstly, the public nature of British government-funded health care inclines people to donate funding as “gratitude for treatment for them or family or friends, they would give to health research such as Cancer, rather than making a public hospital attractive”.<sup>57</sup> Secondly in America, Baron argued, personal wealth, a cultural tradition of philanthropy, reduced death duties and income tax benefits for philanthropic donations, makes financing art donations an attractive option for philanthropists. Stuart Davie from PIHs supports Baron's first point and argues that people donate to British hospitals as a way of “giving thanks. Often people who have

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<sup>55</sup> Breo, "M. Therese Southgate, Md - the Woman Behind 'the Cover'," 2107-2112.

<sup>56</sup> Henry Domke, *Picture of Health: Handbook for Healthcare Art*. San Francisco Arts Commission, "San Francisco General Hospital Acute Care Unit Public Art Program,"

<sup>57</sup> Barclay. Interview with Dr. Baron, May 2010.

undergone lifesaving treatment will offer something to the hospital by way of a gift” rather than donating an actual work of art.<sup>58</sup>

The absence of an entrenched philanthropic culture in Britain and Australia has meant, hospitals often receive donations for medical research but rarely funding to commission significant artworks. Governments in Australia and Britain fund significant public health systems where large donations for research are gratefully acknowledged, whereas funding for an artwork would be seen a waste of money and would gain the donor minimal kudos.

### ***The situation in Australia***

Australian hospitals could be viewed as the ‘late starters’ but those engaged in installing art in hospitals have caught up with impressive results. A number of hospitals throughout Australia now operate *Arts in Health* programs, based around large art collections of national importance, including the Royal Perth Hospital, which employs a curator to oversee a collection of historical and contemporary artworks by Australian artists.<sup>59</sup> Flinders Medical Centre in Adelaide, South Australia, founded an *Art in health* program in 1996 and has woven a large number of artistic mediums into the hospital including temporary exhibition spaces, musical recitals and a part-time musician-in-residence, drama performances, artists-in-residence programs and the commissioning of site-specific artworks.<sup>60</sup> The hospital’s small art team overseen by Sally Francis has implemented museum practices to assist promoting various aspects of the arts in

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<sup>58</sup> Barclay. Interview with Stuart Davie, *Paintings in Hospitals*, May 2010

<sup>59</sup> Gooding, "Hotchin, Sir Claude (1898-1977)". "Hospital's Collection Swells." *Royal Perth Hospital* (Royal Perth Hospital, 2008).

<sup>60</sup> Barclay. Interview with Sally Francis, co-ordinator, *Arts in Health* program at Flinders Medical Centre, Adelaide, South Australia.

health program. The arts team sends invites to arts patrons, local politicians, past patients and family to the opening launch of all new art exhibitions held in the hospital's two designated exhibition spaces. Like Chelsea and Westminster, a percentage from the sale of work is donated to the hospital and then used to purchase new artworks for their permanent collection. Accounts of various arts programs at the hospital are published in hospital newsletters and the local media, increasing the visibility of the art collection and related programs in the hospital and wider community. While Flinders presently does not have the funding to create the digital resources of British and American hospitals their use of simple art gallery techniques including information labels have enhanced public areas throughout the hospital (See. Fig. 10-10).

Westmead Hospital presently employs a private art conservation company to oversee their remaining art collection. Since 2009 International Conservation Services (ICS) have held three acquisitive art competitions to boost the original collection. However, entries have been an eclectic mix of photographs and staff artworks, due the hospital's reluctance to widely advertise the competition within the public media. This concern relates to numerous negative reports of chronically underfunded public health services in NSW hospitals. ICS curates a number of revolving exhibitions through several hospital sites in Western Sydney, and requests artists donate 20 per cent of any sales back to the hospital. The hospital is not engaged in any *Arts in Health* programs at present, as this goes beyond the expertise of ICS, who are primarily an arts management and conservation company. The temporary art exhibitions improve the appearance of the dated brick lined corridors of Westmead frequented by hundreds of patients, staff and visitors each day, but an absence of a philanthropic tradition in Australia, has meant ICS has been unable to secure funding to procure significant artworks.



Figure 10-10 Art installations exhibited in the public areas of Flinders Medical Centre in Adelaide South Australia. S. Barclay

Since the creation of the *Arts in Health* movement in the 1970s, the area of installing art in hospitals has undergone a major transformation from simple, cheap prints to costly, large art installations. But do patients care if their hospital exhibits original art in its foyer? Does it make a difference to patient care or would a working television and recent magazines be more appreciated by those waiting for treatment. Modern art can be visually stunning and thought provoking but once it is removed from the hallowed walls of the art gallery its artistic intent may be lost and its longevity threatened. In Australia, the country's rapidly aging population will escalate public health spending costs in coming decades and that means acquiring large art collections for hospitals will remain on the periphery of health care reforms. The hospital as 'quasi-museum' will remain for those few institutions that have the benefit of long-term funding and an established arts program. But with dramatic funding cuts to many art projects in Britain, many long-term *Arts in health* projects are at risk of losing their limited funding. So it is in the intensely competitive American private hospitals system where the notion of 'quasi-museums' will continue. The art in these private institutions is not accessible to the general public but reserved for those with appropriate private health insurance. Traditionally, collecting art has always been viewed as a status symbol, a way of segregating the classes and within some 21<sup>st</sup> century hospitals, art is being used to visually exemplify the growing social divide between public and privately funded health care institutions.

## Conclusion

Hospitals are transient institutions where none of us wish to linger any longer than is necessary, and while many hospitals exhibit artworks as temporary distractions, they are not the reason for our visit. For centuries, individuals and volunteer organisations have decorated hospital interiors with a range of artistic embellishments. However, until this thesis, no single work has combined the complex array of primary historical research material into a cohesive narrative of art and decoration in hospitals. It is easy to say ‘let’s put art on the walls of a hospital’, yet, the research material reviewed in this thesis has outlined the complex history of installing art and decorations into unsympathetic art environments.

This thesis has disputed current interpretations of Florence Nightingale’s *Notes on Nursing*, dogmatically cited by the *Arts in Health* movement since the 1970s as the primary evidence to support the installation of artistic decorations in hospitals. Most of Nightingale’s work focused on implementing significant reforms to health care infrastructure, not on decorating hospitals. Through the exploration of primary sources, this thesis provided evidence of more significant decoration programs undertaken by nurses and volunteer groups, which flourished from the late 19<sup>th</sup> century. They created significant ward decoration schemes as a means of improving staff and patient wellbeing. Notwithstanding the success of each groups’ work, detailed accounts of their artistic endeavours has been obliterated from the historical narrative of art in hospitals, an omission this thesis has addressed.

Some decorating endeavours, such as the eccentric notions of Dr. Lawrence-Hamilton’s public appeals for china plates, clocks and suits of armour to decorate wards, now appear amusing and somewhat misguided, but other substantial decorating initiatives discussed in this thesis, including the Flower Mission and Red Cross Picture Library operated large decoration schemes for decades. Both groups worked in tandem with hospital administrators and employed



museum-style management practices to ensure the success of their programs. Nevertheless, they were flippantly dismissed by later hospital decorating organisations simply because they preferred to install cheap prints and flowers in wards, instead of original artworks. This thesis showed through its analysis of physical fabric that even when original artworks such as tiles and murals were installed in wards during the early 20<sup>th</sup> century these works were similarly dismissed as mere disposable decorations.

Evidence provided in this thesis illustrates that for decades basic art management templates were systematically overlooked by those involved in installing art in hospitals; ironically the larger and more expensive the artworks the more haphazard the management strategy. As the popularity of installing art in hospitals gained pace, this thesis discussed the role of organisations such as BHCA and Arts for Health in Manchester, which focused on the therapeutic value of using art to improve staff and patient wellbeing. While commissioning substantial works from artists, these national organisations again failed to consider the practical implications of exhibiting expensive artworks in unsympathetic non-art institutions.

Despite a long, problematic history, the installation of art in hospitals has continued unabated into the 21<sup>st</sup> century. Presently, many private and publically funded hospitals have continued to blur the institutional divide between art and health, and transform parts of their working environment into ‘quasi-museums’ overseen by large art teams.

So has art finally become the ‘main game’ in hospitals? Never! As this thesis has proven, whether it is a bunch of flowers or a large school of fibreglass sardines, the management practices in place are what sustain a collection’s vibrancy and validity as a decorative item. Any form of decoration, if carefully curated, will never become wallpaper, unlike the art collection at Westmead Hospital, which was destined to be forgotten and neglected. Even dusty and tired

Christmas decorations in wards are managed and never criticised as they only appear briefly once a year.

Hospitals, despite the attempts of various art professionals, will never be art galleries and people do not go into wards solely to view an art exhibition. Despite more than 160 years of decorating history, the gap between the world of art and medicine is still enormous, but the evidence presented in this thesis shows the importance of effective management for art installations.

Long-term decoration budgets for curation and maintenance will ensure any decorative element will not become faded wallpaper. Art will never be the ‘main game’ in hospitals, but it can provide an effective embellishment and a valid distraction.



**Garden court yard Flinders Medical Centre, Adelaide. S. Barclay**

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