

A HISTORY OF
THE MEDICAL ARTISTS' ASSOCIATION OF GREAT BRITAIN
1949 - 1997

by
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ABSTRACT

Medical Illustration has a long and interesting history, but as a profession it is relatively new. At the beginning of this century there was a small group of artists working in a freelance capacity for individual medical men, hospitals, medical schools and publishers.

After World War II, artists began to be employed by hospitals and medical schools as members of staff. As a consequence of this new type of employment, one of the artists decided to form an association, and on 2 April 1949, the Medical Artists' Association of Great Britain was inaugurated.

The Founder was Dorothy Davison, who had visited some of the other artists working at the time. She sought their advice and enlisted their help. The early development of this Association, is recorded in the words of the Founder Members. These are taken from the letters and documents written at the time.

Once inaugurated, the Association developed quickly and was soon organizing its own Exhibitions, Conferences and a Training Scheme for young artists, which flourishes today and is connected with several Universities.

Reports are given of the unsuccessful negotiations which took place with the Department of Social Security in an effort to be recognised as a professional body.

Over thirty years the number of Departments of Medical Illustration increased and a comprehensive service of illustrative work was enjoyed by medical institutions throughout the country.

In the 1980s, owing to financial cuts in the Universities and National Health Services, when posts became vacant they remained unfilled and some artists were offered early retirement or were made redundant.

Now, in 1997, over fifty per cent of the Members of the Association are working in private practice. The situation has turned full circle and is similar to that at the beginning of the century.

Dedicated to -

PERSEPHONE

my chocolate torti-point Siamese cat,
who was my constant companion while
writing this thesis.

and to my other cats, of earlier times,
Peter, Paul and Peregrine.

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PREFACE

The reason for compiling this work:

In 1989 I wrote a short history of medical art for the Journal of Audio Visual Media in Medicine¹ on the occasion of the Medical Artists' Association's 40th Anniversary Celebrations. I was encouraged by Margaret McLarty, one of the Founders of the Association, to enlarge upon it and possibly write it in the form of a thesis.

In 1949, I began working as a freelance artist at Moorfields Eye Hospital, with occasional visits to the (Royal) London Hospital. It was there that the Professor of Medicine, Clifford Wilson, told me that he had seen an advertisement in The Lancet inviting medical artists to a meeting in Oxford, to discuss the possibilities of forming an association. I was pleased to attend the meeting, because at that time I knew only one medical artist, Joy Trotman² as she was then, who had introduced me to the painting of pathological appearances seen in the fundus oculi, at Moorfield's Eye Hospital. I knew very little about the other branches of medical artwork. After that meeting I decided to make medical art my career and in 1951 I was accepted as a Member of this newly formed Association. Although I was not a Founder Member I have been closely connected with the Association, almost from the beginning, and I have taken an active part in the administration of the MAA throughout my working life.

Since 1988 I have held the office of Honorary Archivist. In sorting through some early correspondence, I began to think that the story of the founding of the Association ought to be recorded. Because of my long association with it and having known all the people who have played a part in its history so far, if only slightly in some instances, I thought that perhaps I should write the story of the MAA and what I know of the medical artists of the twentieth century.

This history has been compiled from my memories, knowledge of members, certain happenings and the letters and documents kept by some of the officers. By quoting from these letters, documents and minute books, I have tried to write this history, where possible, 'in the words' of the protagonists.

It is not my intention in this thesis to describe in detail the techniques used by the medical artist, or to consider the work of the medical photographer.

I hope that this work may contribute to the appreciation and knowledge of medical artists and medical art and the contribution they have made to medicine in the twentieth century.

¹ Patricia Archer, 'From The Beginning: an historical review of medical art', Journal of Audiovisual Media in Medicine, April 1989, vol.12, no.2 pp.51-62.

² Joy Brand (née Trotman), Freelance Medical Artist.

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Mrs Tina Craig, Deputy Librarian of the Royal College of Surgeons of England, for allowing me access to the Henry Tonks Collection of Pastels, the Anna Zinkeisen Collection and the A. K. Maxwell sketch book.

The Library Manager, Mrs I. Skinner and her Assistant Librarians at Caterham Hill Library, for acquiring books from other libraries and districts so promptly.

The Wellcome Trust, for its generosity in awarding me a grant towards the cost of the reproduction of the illustrations.

My friends and colleagues, some of the medical artists of the twentieth century who kindly lent me their works of art.

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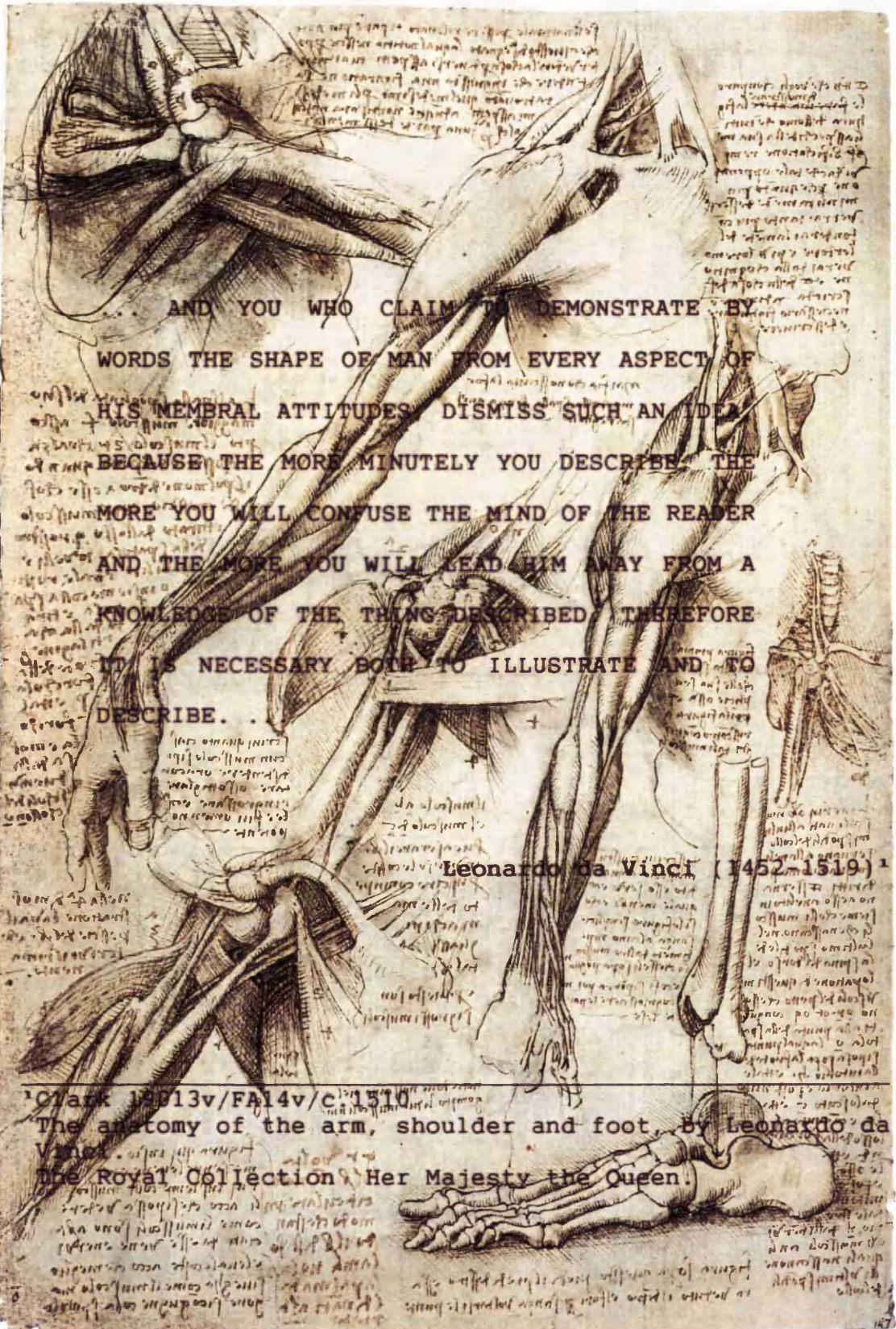
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ABBREVIATIONS used in this Thesis

AGM	Annual General Meeting.
AMI	Association of Medical Illustrators, USA.
AOI	Association of Illustrators.
ASTMS	The Association of Scientific, Technical and Managerial Staff.
BJJ	British Journal of Surgery.
BJU	British Journal of Urology.
BMA	British Medical Association.
BMJ	British Medical Journal.
CNN	Cable News Network Inc.
COHSE	Confederation of Health Service Employees.
CPSM	Council for Professions Supplementary to Medicine.
DACS	Design & Artist Copyright Society.
DHSS	Department of Health & Social Security.
ECM	Executive Council Meeting.
ENT	Ear, Nose & Throat.
FMAA	Fellow of the Medical Artists' Association.
FRCP	Fellow of the Royal College of Physicians.
FRCS	Fellow of the Royal College of Surgeons.
GP	General Practitioner.
IMBI	Institute of Medical & Biological Illustration.
IMI	Institute of Medical Illustrators.
IMIS	Institute of Medical Illustrators in Scotland.
JAMM	Journal of Audiovisual Media in Medicine.
MAA	Medical Artists' Association of Great Britain.
MMAA	Member of the Medical Artists' Association.
MPhil	Master of Philosophy.
MRC	Medical Research Council.
MSc	Master of Science.
MSL	The Medical Society of London.
MTOs	Medical Technical Officers.
NALGO	National Association of Local Government Officers.
NETRHA	North East Thames Region Health Association.
NHS	National Health Service.
NUPE	National Union of Public Employees.
PhD	Doctor of Philosophy.
RAMC	Royal Army Medical Corps.
RCA	Royal College of Art.
RCS	Royal College of Surgeons of England.
RMH	Royal Marsden Hospital.
RNVR	Royal Navy Voluntary Reserve.
SMART	South Midlands Air Rescue Team.
UCH	University College Hospital.
UCL	University College London.
UK	United Kingdom.
USA	United States of America.
VAD	Voluntary Aid Detachment (Red Cross).



... AND YOU WHO CLAIM TO DEMONSTRATE BY
 WORDS THE SHAPE OF MAN FROM EVERY ASPECT OF
 HIS MEMBRAL ATTITUDES, DISMISS SUCH AN IDEA
 BECAUSE THE MORE MINUTELY YOU DESCRIBE THE
 MORE YOU WILL CONFUSE THE MIND OF THE READER
 AND THE MORE YOU WILL LEAD HIM AWAY FROM A
 KNOWLEDGE OF THE THING DESCRIBED, THEREFORE
 IT IS NECESSARY BOTH TO ILLUSTRATE AND TO
 DESCRIBE. . .

Leonardo da Vinci (1452-1519)

Clark 12913v/FA14v/c.1510
 The anatomy of the arm, shoulder and foot, by Leonardo da
 Vinci. The Royal Collection, Her Majesty the Queen.

HISTORICAL INTRODUCTION

Medical Art as a profession is relatively young, it evolved in this, the twentieth century. However, the use of artists to produce pictures as a means of communicating medical knowledge has a long history and can be seen in the paintings, inscriptions and sculptures of Ancient Egypt and in the early medical lore of India, China, Greece, and Arabia.

Art has an important roll in communication. The transmission of thought is aided by the additional use of illustrations. Writing itself derived from pictures, Egyptian hieroglyphs were stylized drawings of objects. Complicated Chinese and Japanese characters gradually developed into alternative and simpler forms. Pictures were used as an aid to expound theories on medical and other subjects for reasons which still hold good today, that illustrations overcome the limitation of words and transcend language barriers.

However, for what particular purposes were artists required in medicine? Traditionally, the medical artist simply recorded, as accurately as was within his power, those things which could be observed. It was difficult to describe the complexities of anatomy, especially from memory, when there was no agreed nomenclature and, following a dissection, only the skeleton might be available for reference. It was not until the late seventeenth century that adequate methods of preservation were used. Medical men appreciated, much as they do today, the value of pictures for many different purposes. Illustrations of medical texts were produced by mainly unknown artists with the sole aim of conveying practical knowledge. They could be used to illustrate anatomy and the functions of the body, to record case histories, to design instruments for tests, to explain treatments and surgery, to demonstrate techniques, to depict the substances used to make medicines and form an invaluable and necessary part in teaching. In the best medical

illustration text and picture should be complementary, combining to make the subject easier to comprehend.

Artists have worked with men of medicine through times of stable knowledge and times of change. Through their own endeavours, and by close co-operation with their medical colleagues, they have improved their knowledge of medical subjects. By making full use of suitable techniques and the developments of the time, in the reproduction of drawings and paintings, artists, through the centuries, have contributed greatly to the literature on medicine, surgery and allied subjects and have recorded medical thought and practice for over two thousand years. They laid the foundations which have influenced the medical artists of today. Medical illustration unites art and medicine and is part of the history of both.

The subjects of writing and illustrating can be divided into three sections.

Ancient, (up to c.500AD), **Medieval**, (c.500-c.1500), and **Modern** (c.1500 to date).

Anatomy has long occupied a predominant place in the study of medicine. Until the details of human anatomy and physiology were appreciated, disease processes could not begin to be properly understood. The early works from ancient Greece and later from Galen (129-c.201AD), based on animal and mostly pig dissections, influenced medicine for several hundred years.¹

However, it is generally accepted that scientific illustration originated in Classical Greece. The early drawings of human anatomy were 'squatting' or 'frog-like' representations, the posture being that of a corpse upon a table, originated in Alexandria.²

The scribes of the twelfth and thirteenth centuries who produced illuminated manuscripts on materia medica, containing illustrations of animals, minerals and plants, were prolific. The earliest illustrations of methods of practical medical treatment and surgery, produced for

didactic purposes, depicted the incident rather than the actual procedure, but copies were made of copies and both the text and the illustrations became more distorted and confused.

The fourteenth century brought a new relationship between the written word and the picture, the author and the artist. Illustrations were inserted into the text of a book, instead of being produced separately. Its development is credited to one of the earliest recorded English surgeons, John Arderne (1307-c.1380).³ At least sixty of his manuscripts exist, but none of his works was printed until 1588. His best known work was on fistula-in-ano. He attempted to illustrate the actual procedures in surgery, but unfortunately, his frequently reproduced illustrations suffered greatly from misinterpretation by some copyists.

The discovery and development of printing from movable type by Johann Gutenberg in Mainz in 1450 changed the laborious copying of manuscripts to the rapid duplication of copies on printing presses. In time, illustrations in manuscripts gave way, first to woodcuts, then to copper and steel engravings⁴ and, where appropriate, to mezzotints;⁵ they were produced either as collections of separate sheets, or as books and atlases. Some anatomists illustrated their own books, employing engravers to produce the plates; some employed unknown artists who have remained in obscurity. It was not until the modern period of c.1500 that artists were acknowledged and their names began to appear. The engraver became an important partner in producing the illustrations and he was sometimes shown greater appreciation than the artist/originator.

In the fifteenth and sixteenth centuries, some of the great artists of the time became involved in producing anatomical and post mortem drawings. It was the enthusiasm, enterprise and endeavours of the artists, Verrochio (1435-1488), Leonardo da Vinci (1453-1519), Michelangelo (1474-1564) and others who, in their search

for a better understanding and knowledge of the human body, laid the foundations for good and detailed draughtsmanship which successive generations of artists, including medical artists, have striven to emulate. Leonardo da Vinci was keen to establish the artist as an indispensable partner in research work, he emphasized the value of the pictorial description over the written word and his drawings reveal not only structure, but function. Ludwig Choulant wrote⁶:-

In scientific accuracy, these drawings eclipse those in Vesalius and are not approached in artistic beauty by anything before the time of Soemmering and Scarpa. ... He was the founder of physiological anatomy. ... (fig.1)

Leonardo produced detailed drawings from dissections held in secret isolation, because of the great difficulty and often illicit activities in obtaining bodies. They show a deep interest in the subject for its own sake rather than the production of the showy illustrations in other atlases of anatomy of about the same time, for example, the De Fabrica and the Casserius Collection. He wrote⁷:-

I have dissected more than ten human bodies, destroying every other member and removing in very minute particles all the flesh which surrounded these vessels without causing them to bleed ... A single body was insufficient for so long a time, so that it was necessary to proceed by degrees with as many bodies as would give me complete knowledge. This I repeated twice in order to achieve the differences.

And if you have a love for such things you will perhaps be hindered by your stomach, and if this does not prevent you, you may perhaps be deterred by fear of living during the night in the company of quartered and flayed corpses, horrible to see.

...

Unfortunately, Leonardo never saw his drawings, which he had produced in such unpleasant and difficult conditions, published in his life-time.

The scribes of the early centuries worked in ink on papyrus and vellum with natural colours. Leonardo and his fellow artists worked in a variety of media, including metalpoint⁸ on cream, red and brown paper. They used pen and ink, sometimes with a wash, black and red chalk, often heightened with white paint. The use of these materials

continued into the following centuries with the addition of pencils, pastel crayons and watercolours.

Albrecht Dürer (1471-1528) recognised that many drawings of the human figure which were being produced in his time, were unnatural and extremely inaccurate. He wrote a treatise on human proportions in which he maintained that medical drawings should be, above all, accurate. Hierin Sind Begriffen vier Bucher von Menschlicher Proportion, Nuremberg, published with woodcuts of his drawings, after his death in 1528, had a great influence on the work of successive artists.

The eminent anatomists of the sixteenth century were encouraged to produce their well researched atlases of anatomy which set new standards for accurate representation. The great leap forward came with the most notable of these, De Humani Corporis Fabrica Libri Septem, Basle, 1543, by Andreas Vesalius (1514-1564) and the Opuscula Anatomica, Venice, 1564 by Bartholomeo Eustachio (1520-1574) of Sanseverino. Vesalius was aided by the Flemish artist Jan Steven van Calcar (1499-1546). James Tait Goodrich⁹ puts forward the argument that Calcar provided Vesalius with an introduction to Titian (1477-1576) and the the artists in his studio and, it was they who did the drawings which illustrate his work. Calcar's role was probably one of medical designer, acting as overseer and co-ordinating the work into one major volume. Vesalius was also able to choose an outstanding craftsman in Francesco Marcolini da Forli (c.1505-c.1560) to do the woodcuts, and finally, one of the best printers of the time, Joannes Oporinus (1507-1568) of Basle¹⁰ to print his, much celebrated De Fabrica. (fig.2)

Figures so elegant, noble and serene in their settings belie the mêlée that preceded their production. They give no indication of the rough preliminary happenings at the gallows, where most bodies were obtained, or of the struggle to remove the bodies by the anatomists and of the very public anatomical demonstrations which were

performed within a very few days, because of the climate. Many of the images which emerged in the fifteenth and sixteenth centuries were not true to the dissection, rather they were but living figures displaying their organs in an dignified way. Until well into the eighteenth century anatomical figures were shown as though they were still alive.

Sawday wrote¹¹:-

... The Vesalian 'muscle-men' for example, stroll through a pastoral landscape, casually allowing themselves to be gradually deconstructed, oblivious to the literal impossibility of such a reduction. The escape of these cadavers from the confines of the anatomy theatre into the world at large is one of the most disturbing and yet fascinating motifs in Renaissance art, but what do they signify? For commentators working within the scientific tradition, these images illustrate a fundamental set of assumptions about the status of the human body as an object of attention in early modern culture: "the fact that in the sixteenth century there was no separation between morphology and function".¹² More recently, it has been suggested that what is represented in these images is a sign that: "the heroic human subject of the anatomy has not been completely conquered. By the end of the 'muscle-men' series a skeleton is all that remains - yet the bones are poised to retain signs of human suffering. They function as *momento mori* rather than *Medical Illustrations*".¹³

Vesalius also published an Epitome of the De Fabrica, in 1543, a smaller, cheaper work intended for the student.

The anatomist, Eustachio, was himself a competent artist and produced his own drawings, some of which were printed in Opuscula Anatomica, Venice, 1564. He, and his friend, Pier Matteo Pini, made further drawings which were published much later, as copper plate engravings, in Tabulae Anatomicae, by Giovanni Lancisi, Rome, 1714. (fig.3)

The Casserius collection covered the whole field of human anatomy and set a high standard for all anatomists. Julius Casserius (1561-1616) planned a large work, but died before it was completed. Adriaan van der Spieghel (1578-1625), who succeeded him as Professor of Anatomy at Padua, had prepared several unillustrated texts and requested the publisher, Daniel Bucretius, to publish them. They

acquired Casserius's illustrations for Spieghel's work and both were published as De Humani Corporis Fabrica Libri Decem, Venice, 1627. Odoardo Fialetti (1573-1638) and Francesco Valesius respectively, were artist and engraver and the work demonstrated the superiority of the copper plate over the woodcut.

The seventeenth and eighteenth centuries brought an increase in research work. The main theme for many books was still osteology and myology but the main organs especially the brain and heart were more closely investigated and, following the increasingly improved techniques of printing, greater detail of the anatomy of the body was able to be recorded and printed. The drawings illustrating the work of William Harvey (1578-1657)¹⁴ on the circulation of the blood are a good example.

Some well-known artists were attracted to medical work occasionally, some made it their life's work. Sir Christopher Wren (1632-1723), illustrated the base of the brain demonstrating the 'circle of Willis', (1664) for Thomas Willis (1621-1675). George Stubbs (1724-1806), later famous not only for his paintings, but also for his book The Anatomy of the Horse, 1766, for which he did his own meticulous dissections and preparations for his drawings of the flayed horse, was asked by John Burton (1710-1771) to illustrate his book, An Essay towards a Complete New System of Midwifery, London, 1751.

Jan van Riemsdyk (fl.1750-1784 d.1788 or 1789), originally a portrait painter, spent most of his life illustrating medical and surgical subjects for John Hunter (1728-1793) and was responsible for the most realistic illustrations for the great obstetrical atlases of William Hunter (1718-1783), in 1750, William Smellie (1697-1763), in 1751 and Charles Nicholas Jenty (fl.1745-1762) in 1757. (fig.4)

William Hunter, through his gradual accumulation of great wealth and his acceptance as man-midwife in the houses of the nobility, acquired an appreciation of the arts. Also as Lecturer in Anatomy at the Royal Academy Schools, from

1768 until 1783, he made the acquaintance of many of the artists of the day and developed the eye of a connoisseur and collector. So like Vesalius (Hunter admired both Leonardo and Vesalius)¹⁵, when it came to choosing an artist and an engraver, he had the acumen to choose two of the best artists, able to do such work, Jan van Riemsdyk and Sir Robert Strange (1721-1792) and also John Baskerville (1706-1775) of Birmingham to print his great atlas. Smellie and Jenty followed him in his choice of Riemsdyk. Consequently, the sixteenth and the eighteenth centuries were both outstanding for their medical illustrations. (fig.5)

To convey their ideas, interpret their findings and illustrate their techniques, anatomists and surgeons have required good, understanding and sympathetic artists.

K. B. Roberts and J. D. W. Tomlinson wrote¹⁶:-

... In the best work, the anatomist who initiated the project very soon established a working relationship with a competent and patient artist, as did Albinus with Wandelaar, Soemmerring with Koch, Bourguery with Jacob and McMinn with his photographer and colleague, Hutchings. ...

This is obviously true and also applies to Vesalius and Calcar, to Hunter, Smellie and Jenty, and their collaboration with Riemsdyk on their obstetrical atlases, to Henry Tonks (1862-1937) with Sir Harold Gillies (1882-1960) on war wounds in World War I and to Erich Lepier (1900-1974) with Eduard Pernkopf (1888-1955) on the Urban and Schwarzenberg Collection of Medical Drawings. However, even the greatest can have their problems, for inspite of close co-operation with their artists and their work, Vesalius :-

... complained vehemently of the large sums of money he had to pay in order to induce 'skilled artists' to do the art work ... the artists are more interested in doing paintings of Venus and the Graces as opposed to drawing foul, decayed and smelling bodies.¹⁷...

and Riemsdyk complained sadly about a lack of appreciation:-

... I flatter myself that I have been very useful as a designer, and sacrificed my talents to a good purpose, more so than any painter in my profession in this Kingdom; I look upon myself as a man that has been ill used and betrayed ... But [I] bear all things with manly patience. ...¹⁸

Another English author of the eighteenth century, whose book benefited from the skill of the artist and engraver was Matthew Baillie (1761-1823). He was a nephew of William and John Hunter and the main beneficiary of William's will by which he inherited their museum. The contents were to become the main source for the illustrations produced by William Clift (1775-1849) for Baillie's, The Morbid Anatomy of Some of the Most Important Parts of the Human Body, London, 1793. Clift received a guinea for each drawing, while the engravers received five, which probably demonstrates the greater length of time required to produce the engravings. Clift became amanuensis to John Hunter and eventually Conservator of the museum. He was much sought after for his draughtsman's abilities and made drawings for Sir Astley Cooper among others.

John Bell (1763-1820) and his brother Sir Charles Bell (1774-1842), who were both outstanding artists as well as leading anatomists and surgeons, illustrated many of their numerous books and in some instances the engravings were done by Sir Charles himself. John Bell was a pioneer of vascular surgery and the author of Engravings Explaining the Anatomy of the Bones, Muscles and Joints, 1794-1804. Sir Charles was the author of many books, on the brain, the nervous system and operative surgery, including, The Anatomy of the Brain explained in a Series of Engravings, 1802, containing twelve coloured plates.

One of the most important innovations affecting medical illustration in the nineteenth century was the introduction of lithography.¹⁹ Invented in 1788 in Munich by Alois Senefelder (1771-1834), it was the first entirely new printing process since the discovery of intaglio in the fifteenth century.

The first anatomical atlas to be illustrated with lithographs was the folio of Jules Germain Cloquet (1790-1883), entitled, Anatomie de L'Homme, ou Description et Figures Lithographies de Toutes Les Parties du Corps Humain. The 300 plates were published over ten years, between 1821 and 1831. The lithographs were printed in the first ateliers in Paris owned by Charles de Lasteyrie and Godefroy Engelmann who were pioneers in the development of lithographs in France.

One of the most talented of the nineteenth century artists, was Joseph Towne (1806-1879),²⁰ who held the post of modeller to Guy's Hospital for fifty-three years. His scale model of the human skeleton gained the approval of Astley Cooper and he was offered the post of wax modeller at the time that Guy's had just formed its own medical school in 1826.

In that same year, the Royal Society of Arts offered a gold and a silver medal for the best wax anatomical model submitted to them. He submitted his model of the skeleton and won the silver medal. The following year he received the gold for models of the brain. He exhibited them at the Great Exhibition in Hyde Park in 1851 and at the Paris Exhibition in 1855. (fig.6)

In the late nineteenth century more detailed anatomy was required to enable surgeons, with the aid of anaesthetics, antiseptics and improved instruments, to perform more intricate and extensive surgery than the amputation of limbs, the cutting for stone and the draining of abscesses which had required only a limited knowledge of the subject. Anatomical illustration needed to be finely detailed, accurate and precise. The days of the large atlases of figures and skeletons subscribed to and bought by the élite were over. One wonders if the enthusiasm today for the medical programmes on television are a modern manifestation of the earlier public dissections when Europeans in Bologna, Padua, Paris, Leiden, Amsterdam and London flocked to the anatomy theatres to see bodies

dissected. Those attending included the fashionable, the educated élite, members of the court, wealthy merchants, and no educated English traveller in the late sixteenth or early seventeenth centuries, journeying through Holland would neglect to visit the famous anatomy theatre at Leiden University.²¹

Medical illustration was entirely in the hands of the artist and engraver until the mid-nineteenth century and the invention of photography by Nicephore Niepce (1765-1833), in France in 1822.²² The later development of colour photography brought a new kind of illustrator on to the medical scene, the medical photographer. The nineteenth and twentieth centuries were to bring many new developments which would make great changes. Following the new techniques in recording and printing the art of the engraver was no longer needed in medical artwork. While book illustration would still form an important part of the artists' work, a very much wider field was about to open up which would require the skills of both artist and photographer.

One of the first artists to be employed as a member of hospital staff was W. A. Delamotte. At St Bartholomew's Hospital in 1842 he began to instruct medical students in anatomical drawing. He was later appointed Librarian and combined these two duties, until he was replaced by Thomas Godart in 1852, who eventually in 1881 asked for the offices to be separated. In 1882, photographic equipment was installed and Godart was appointed photographer.²³

In the early days photographers were engaged in recording functional and practical subjects in hospitals, including views of wards and groups of staff.²⁴ The first records of patients were taken as portraits with the patient seated comfortably in an armchair, amid a background of palms and drapery. Gradually they were employed in recording clinical and especially dermatological conditions and surgical procedures.

The outstanding English textbook of anatomy was that of Henry Gray (1827-1861). The original edition of Anatomy, Descriptive and Surgical, published in 1858, was illustrated by his friend Dr Henry Vandyke Carter. The illustrations were not so much 'works of art' as the earlier atlases had been. In comparison, they were small and mostly depicted particular areas of anatomy. The second edition contained new drawings by John Guise Westmacott (1811-1884). In the 34th edition, 200 of the 1,305 figures were removed and over 600 new items added, 210 of them by Moore. One-third of the illustrations were new. The 35th, 1973 edition was completely reset.

From the late nineteenth to the twentieth century, the Germans reached new heights in the production of their anatomy books which were particularly noteworthy for their illustrations. Handatlas der Anatomie des Menschen by Karl Werner Spalteholz, was illustrated by Heroux and Ungar, 1895-1903. Joannes Sobotta and Frank H. J. Figge's, Atlas of Human Anatomy, 1904-1977, is noted for drawings by Karl Hajek and Erich Lepier. Fritz Meixner produced the illustrations for Carl Toldt's, Atlas of Human Anatomy for Students and Physicians, 1896-1900.

THE WORK OF THE MEDICAL ARTIST

At the beginning of the twentieth century, artists were working on the individual needs of medical men and departments of medicine and surgery, mainly for books and publications. These medical artists continued to produce drawings on much the same medical subjects that had occupied artists through several centuries. Anatomical drawings of a more detailed form constituted a large part of the artist's work, so did the recording of pathological specimens, microscopic sections, clinical conditions, and increasingly, drawings of surgical procedures. The casualties from World War I brought great numbers of very traumatic injuries requiring new and innovative techniques by surgeons. Artists were called upon to record, in the field, previously untried procedures to remedy or alleviate appalling injuries and desperate situations.

Pictorial illustration serves a variety of purposes in teaching, the most obvious being a substitute for the real thing. A clinical drawing or photograph enables a teacher to demonstrate the visible signs of disease at any time and in any location. Just as medical men were quick to appreciate the value and to make use of any new scientific advances, they were equally so with the invention of photography. They saw it as a highly valuable tool. It was soon put to use in medicine as a good recording instrument, able to produce accurate pictorial records in a fraction of the time that it would take the artist to produce them. However, education and science need more than recordings. They require images which, by way of the human imagination, can convey messages, explain concepts, ideas, theories and elucidate structures known to exist in locations impenetrable to the camera's eye. It soon became obvious that medicine and surgery required the skills of both artist and photographer.

While it might have been expected that the development and the expansion of photography would eventually lead to the redundancy of the medical artist, this has not been the

case. Two factors prevented the medical artist from being completely obliterated by the enthusiasm for this new method of recording. The first was the lack of colour, which for some years was a great disadvantage for its use in medicine. The second factor was the fundamental difference between art and photography, in its ability to be selective. The camera's main asset in being able to record visible facts was actually a drawback in certain respects, particularly in anatomical and surgical techniques, which therefore, were to remain in the artists' domain. In anatomy, what appears to the naked eye or the camera as a homogeneous mass, may be a complicated arrangement of various important tissues, the differentiation of which requires more than sight alone. In surgery, there is the same need to select and identify, and there are the added problems of the limitation of view through the incision, the presence in the wound of blood and instruments, all of which may obscure the important part of the picture. Photography can record the facts exactly as they are observed, but art can select and interpret the observed facts, in order to provide illustrations which are more meaningful than those which are directly seen, so making a difficult procedure easier to understand and clearer to follow in practice.

In medical illustration, the planning of a drawing is a vital part. The message that the artist is required to convey must be absolutely clear in his own mind in order that he may put the necessary information in his drawing, in an easily understood way. Many discussions with his physician or surgeon and many sketches may have to be produced before this is achieved. However, the qualified medical artist presented with a subject, an idea or a page of statistics, should be able to advise his client on the type of picture best suited to illustrate a particular subject. Also, a medical illustration may be entirely synthetic, but drawn with convincing realism.

Visual understanding is true understanding, and the visual presentation of medical and surgical treatments, and of

facts and figures becomes increasingly popular. This has become particularly relevant in education in the Third World.

During World War II, large numbers of men and women needed to be trained for new tasks; some highly technical, some dangerous, some very different from anything else they had ever had to do before. This training for war-time work, whether in the forces or on the home front, created a need for visual aids for the instructors. The projector or 'magic lantern' as it was called, cinématographic films, wall charts, maps, graphs and illustrations were used extensively. An awareness of the value of these aids in teaching by both instructors and students led to a great demand for them in education and training after the war.

The war had stimulated research in many subjects, such as engineering, chemistry, electronics and medicine and surgery. The need to communicate the experience and knowledge gained resulted in a demand for a wide range of medical illustrations. After World War II there was an influx of a new group of artists into the profession, mostly from the services, whilst others came in almost by accident. New posts for artists and photographers were created in medical schools and hospitals.

Despite the advances in medical photography, a considerable amount of illustrative recording in colour of clinical conditions and pathological specimens continued to be undertaken by the artist. Endoscopic illustrations of the eye, stomach, bowel and bladder were still outside the scope of the camera. The artist's wider view and ability to 'see around the corner' of the periphery, produced a more complete and valuable record. The two original subjects which remained dominated by the artist and will probably continue to be so, are anatomical illustration and the illustration of surgical procedures.

We have seen that medical art came into being because of the need to elucidate the complicated and newly explored subjects of medicine and surgery, but the use of materials

was limited by the methods of printing. Gradually in the twentieth century, the great advances in methods of reproduction have enabled artists to use a variety of media in the production of illustrations intended for textbooks, journals, slides and medical display purposes. Anatomical drawings have been produced in full colour, half-tone, using monotone watercolour, or pen and ink, sometimes with coloured overtones on the muscles, vessels and nerves. Paintings which were produced from post mortem specimens had to be done while the specimens were 'fresh' as the colour could fade and often did so extremely quickly. These have been taken over by the photographer. Today specimens are rarely drawn, although it may occasionally be necessary for a drawing to accompany a photographic print as an 'explanatory map'. Drawings and paintings of clinical conditions previously done in the wards or the studio have been superseded by the camera.

Although photography is used in the operating theatre, the drawing of surgical procedures is very much in the hands of the artist. Rough sketches made in the operating theatre with pen or pencil have to be 'worked up' later into a finished state, in colour or half-tone techniques. Pen or brush and ink have been used by most medical artists, so have watercolours and occasionally oil colours and tempera. Pastels were used especially during World War I but are very much a specialist technique being difficult to handle and preserve. Half-tone, originally created with water-colour or with inks on paper has an alternative in the use of carbon dust on scraper-board. The reproduction of colour work by photo-lithographic and other electronic means has given artists tremendous scope in the production of their artwork, especially for medical exhibits and posters which are used extensively at medical meetings and conferences, owing to the limited time given for lectures. A variety of media might be used such as watercolour, oil colour, lead and carbon pencils, pen and ink, crayons, pastels, poster colour and gouache on coloured and textured papers, with the addition of coloured adhesive

overlays. Often a combination of many techniques and media can be used together successfully. It is, however, interesting to note that the clarity of pen and ink drawings, the high standard that can be achieved and the comparatively low cost of reproduction, makes them especially popular among publishers.

In the early 1930s a new technique was beginning to be used in Britain, devised especially for medical work by Max Brödel,²⁵ (1870-1941) one of the most revered of medical artists in the United States of America and Europe. When properly handled this carbon-dust technique used on a chalk-surface board enables the artist to get a depth of tone, extremely fine detail, the texture of tissues and instruments and that sparkle of wetness, all of which are very difficult to achieve by other means. (fig.7.)

However, it has not been without its critics, Frank H. Netter (1906-1991), known throughout the medical profession for his work on the Ciba Collection of Medical Illustrations, wrote²⁶:-

Max Brödel and a number of his students made many beautiful and excellent drawings with this technic. Unfortunately, however, it became somewhat of a fetish, and some artists who came later seemed to have got the notion that making a good medical illustration depended not on depicting the subject correctly, but simply on the use of the technic. I do not mean to condemn the technic, for I have used it myself and I believe that good and bad drawings can be made in any medium. I simply wish to caution against permitting any technic to become more important than the drawing itself.

The advances in technology gradually brought a greater need for drawings, models and graphics for motion pictures, audiovisual programmes, television and video recording. As the public began to appreciate quality in the media, so students became more discerning and expected high class productions in their places of learning. It is for this reason that the medical artist was required to work in many different ways, to satisfy a critical audience.

The style of illustration began to change, a more graphic, even commercial approach was being adopted. Medical art has followed some of the trends in modern art, in a controlled way. Simple illustrations in strong colours combined with schematic diagrams and lettering were being used successfully on the screen and for lectures where they were required to be seen and absorbed quickly, in contrast to those used in tape-slide programmes and in books which could be studied at leisure. The use of the cartoon, which was so successfully used in propaganda during the war, was found to be appropriate for communicating some scientific theories. Whereas, in the past, the accurate interpretation of anatomy and the faithful recording of tissue texture and colour predominated, now the illustration of ideas and concepts was most important. A change was taking place even in the illustration of anatomy, far more was needed in the form of schematic drawings and also, with the improving techniques in microscopy, very colourful and somewhat theatrical paintings of sections in three-dimensional form were being produced. Some of these are seen in the recent editions of Gray's Anatomy.²⁷ (fig.8)

In the past most techniques were required to be mastered in order to satisfy, not only the medical author, but also the blockmaker and the publisher, now in the last decade of the century publishers are beginning to require computer generated work presented directly on disc.

There was one branch of modern medical illustration that was being created and grew enormously which the artist did not receive with enthusiasm. Graphs and charts were in increasing demand by the research workers in the new science departments in medical schools. The work was thought to be rather boring by most medical artists and a waste of their skills, but at the time, they were considered to be the obvious people to do them. These graphs were treated with almost the same degree of craftsmanship as the artwork.

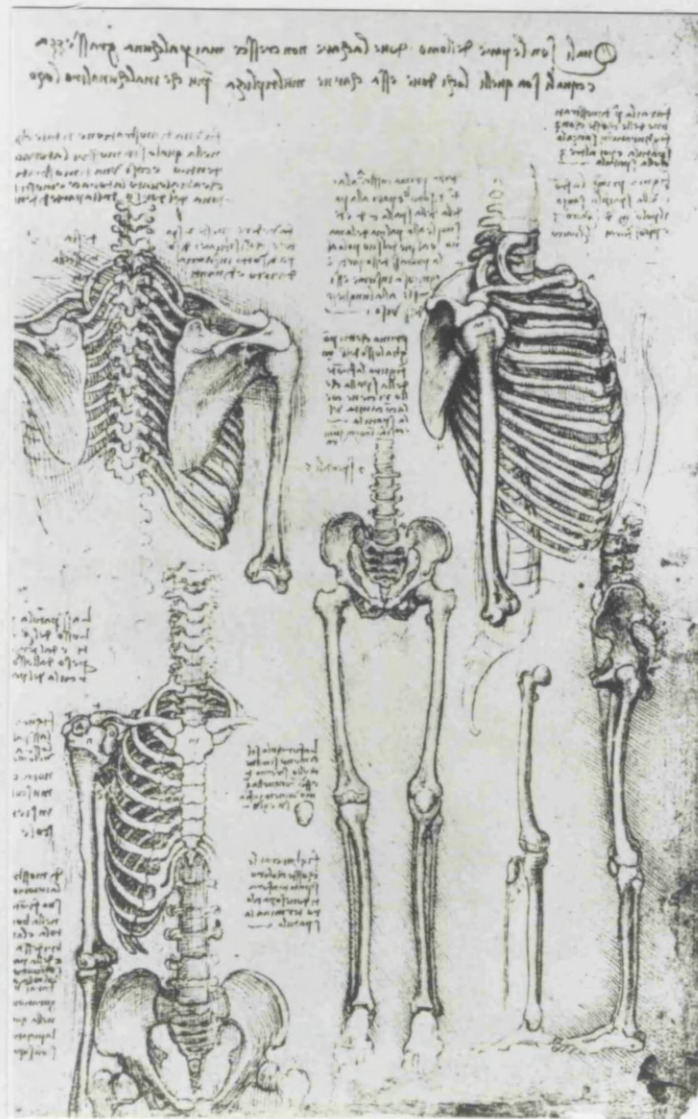
In the early 1960s, the problem was eventually alleviated by introducing a new category of worker, the medical chartist, who was employed to work with the medical artist. Eventually, after being trained in an art department, they began to be employed in photographic departments where they could undertake a service without the supervision of an artist. Now in the 1990s, most departments have their own computers and are able to produce their own statistical work.

In the 1970s and 1980s there was a demand from the newer paramedical departments. Health Education, Nurse Training, Patient Information and also Postgraduate Training, all began to play a part in widening the scope of the medical artist and brought new interests and different problems of communication, especially in the form of booklets, pamphlets, wall charts, poster displays and teaching exhibits. The work of the modern medical artist had evolved as a graphic medium for communicating information and ideas, rather than the straight-forward recording of tangible objects.

Artists now face illustrative tasks requiring not only a thorough understanding of the subject, but also imagination and planning, for example, the representation of a physiological or metabolic process, or the genetic code. Whereas in the past an artist might work for one anatomist or surgeon on one great book, in the twentieth century the medical artist works for many specialists and departments simultaneously, and on diverse and transient subjects. In the freelance market there has been a great increase in demand for forensic work for use in the law courts, and model making for training in operative techniques, and in the instruction and practice of key-hole surgery.

Today the medical artist requires all the aids possible to speed the creation and production of his work. At first computer generated work was looked down upon with some disdain, and there was a reluctance to use them. Gradually

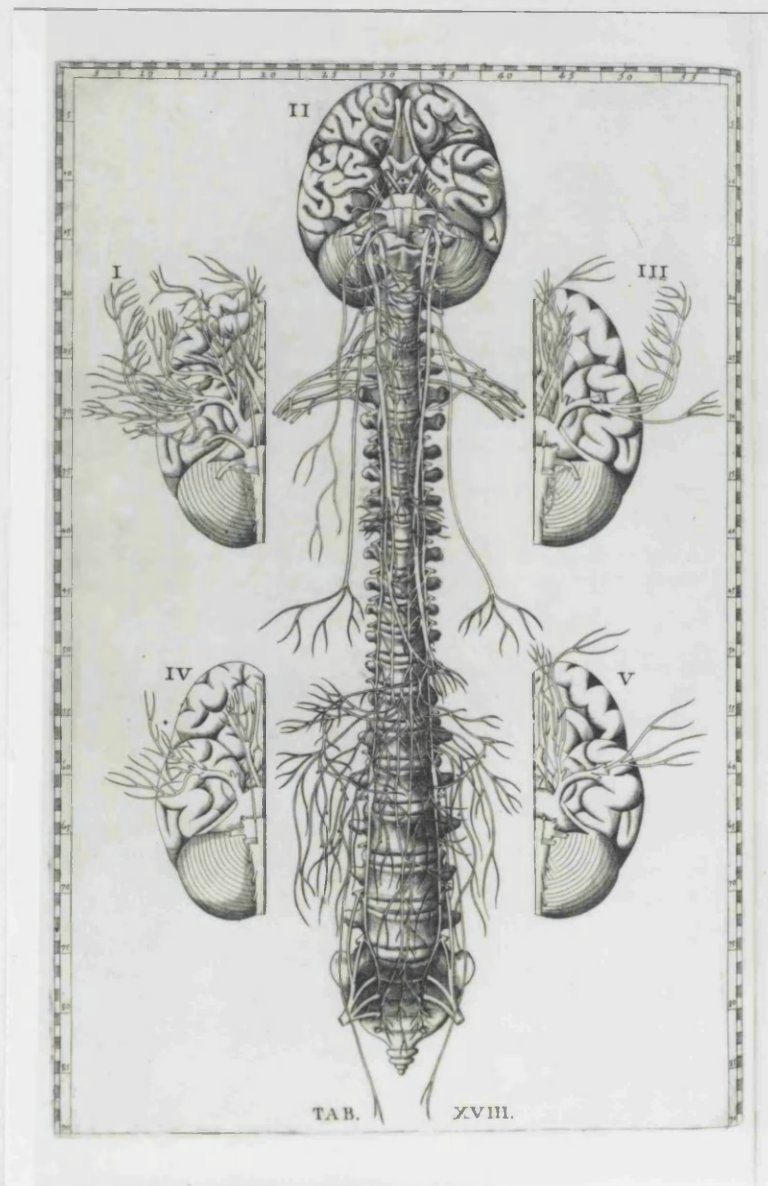
as medical artists have acquired them, and explored their possibilities, they realise that there are great advantages for some types of work and are already supplying drawings produced in this way. Again there was some concern that the artist's hand work would become obsolete, but computers need artists for their input of information. Some of the senior members of the profession are enjoying acquiring computer skills and the ability to create images so much quicker than in the past. The Medical Artists' Association has had to adapt to these new requirements and the syllabus for students altered to prepare them for the changes that are taking place near the end of the twentieth century. (fig.9)



A page of drawings of the thorax and long bones of the body by Leonardo da Vinci (1452-1519). RL 19012r, c.1510. He illustrated most of the bones of the body, their action, the double curvature of the spine and the tilt of the pelvis.
The Royal Collection, Her Majesty the Queen.



A 'muscle man' from the great atlas of anatomy, De Humani Corporis Fabrica Libri Septem 1543, by Andreas Vesalius, (1514-1564). The drawings were produced by Jan van Calcar (1499-1546) and artists working in Titian's studio. The settings in which the 'muscle men' pose link to form a complete, known landscape is believed to be the work of Domenica Campagnola, a landscape designer who also worked for Titian.



The brain and autonomic nervous system by Bartolomeo Eustachio (1520-1574) from Tabulae Anatomicae 1714. Eustachio's drawings were published as copperplate engravings. He disliked the method of printing letters on his drawings, so he use graduated margins. The anatomical parts and their names could thus be found by means of a ruler.

By courtesy of the British Library.



An engraving by Sir Robert Strange (1721-1792) of Jan van Riemsdyk's (d.1788 or 1789) drawing, in red chalk, of the pregnant uterus for William Hunter's (1718-1783) Anatomy of the Human Gravid Uterus 1774.

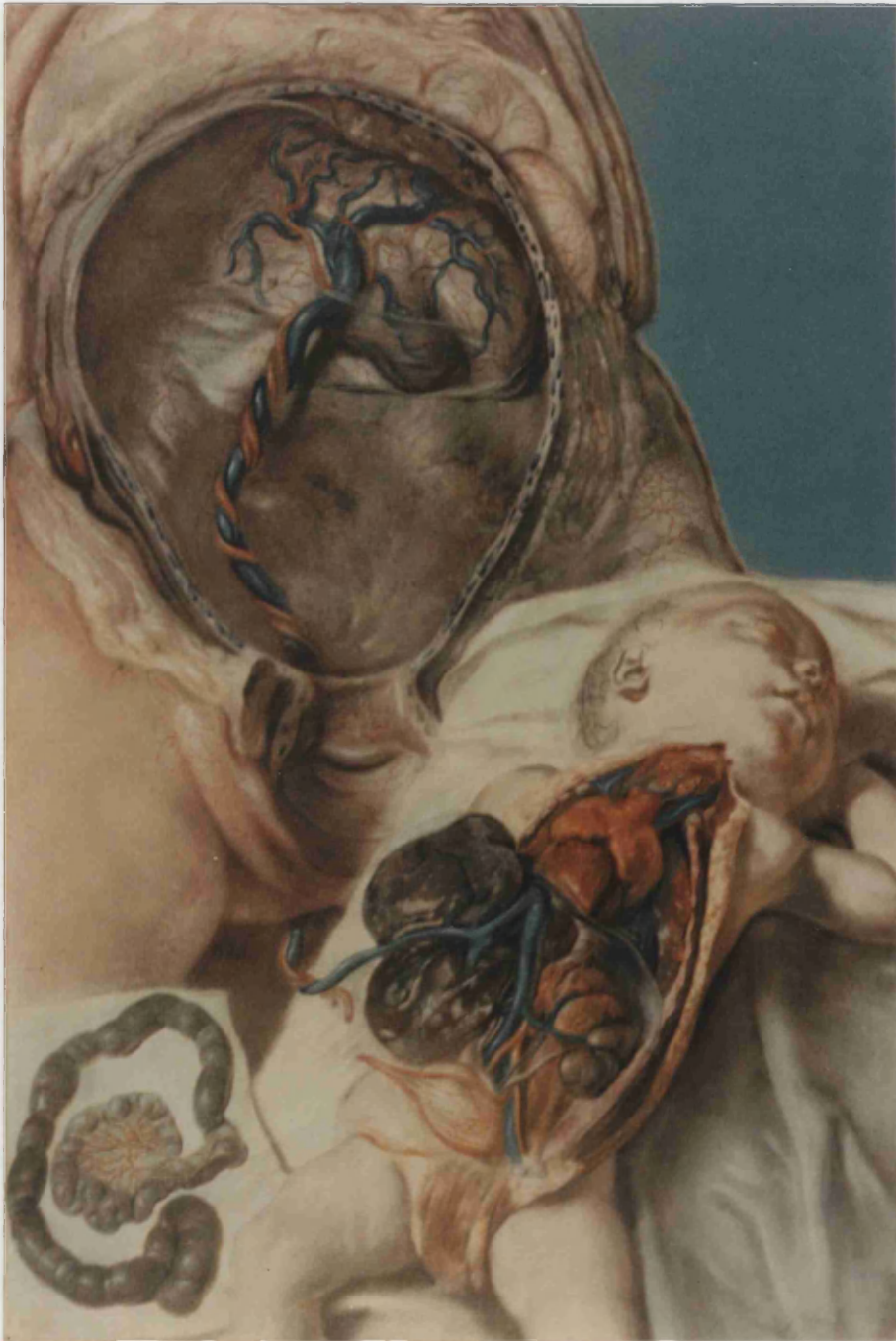
By courtesy of the Glasgow University Library, Department of Special Collections.

Of the drawings Hunter said "Every part is represented just as it was found, not so much as one joint of a finger having been moved".¹

However, according to his own Introductory Lectures, (p.56).

... Filling the vascular system with a bright coloured wax, enables us to trace the large vessels with great ease, renders the smaller much more conspicuous, and makes thousands of the very minute ones visible, which from their delicacy, and the transparency of their natural contents, are otherwise imperceptible. ...

¹ M. Kemp, Dr William Hunter at the Royal Academy of Arts, Glasgow, 1975, p.38.



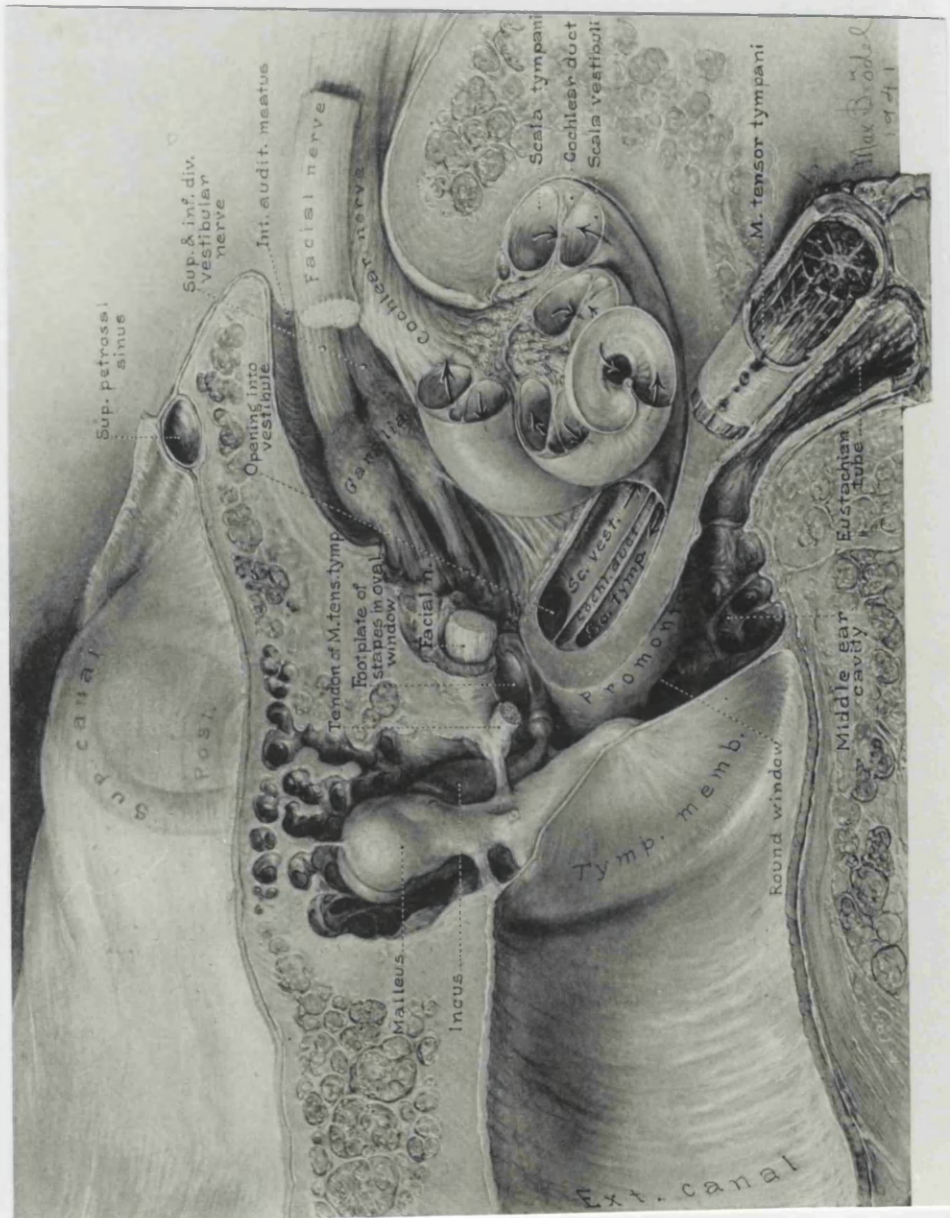
A pastel drawing on vellum of the fetal circulation; abdomen of the fetus opened, with placenta 'in situ' in the mother. From Charles N. Jenty's, Demonstrations of a Pregnant Uterus 1757. Riemsdyk's pastel illustration for Jenty was reproduced as a mezzotint which gave a much softer appearance than the engravings by Strange. By courtesy of Pennsylvania Hospital, Philadelphia, USA.



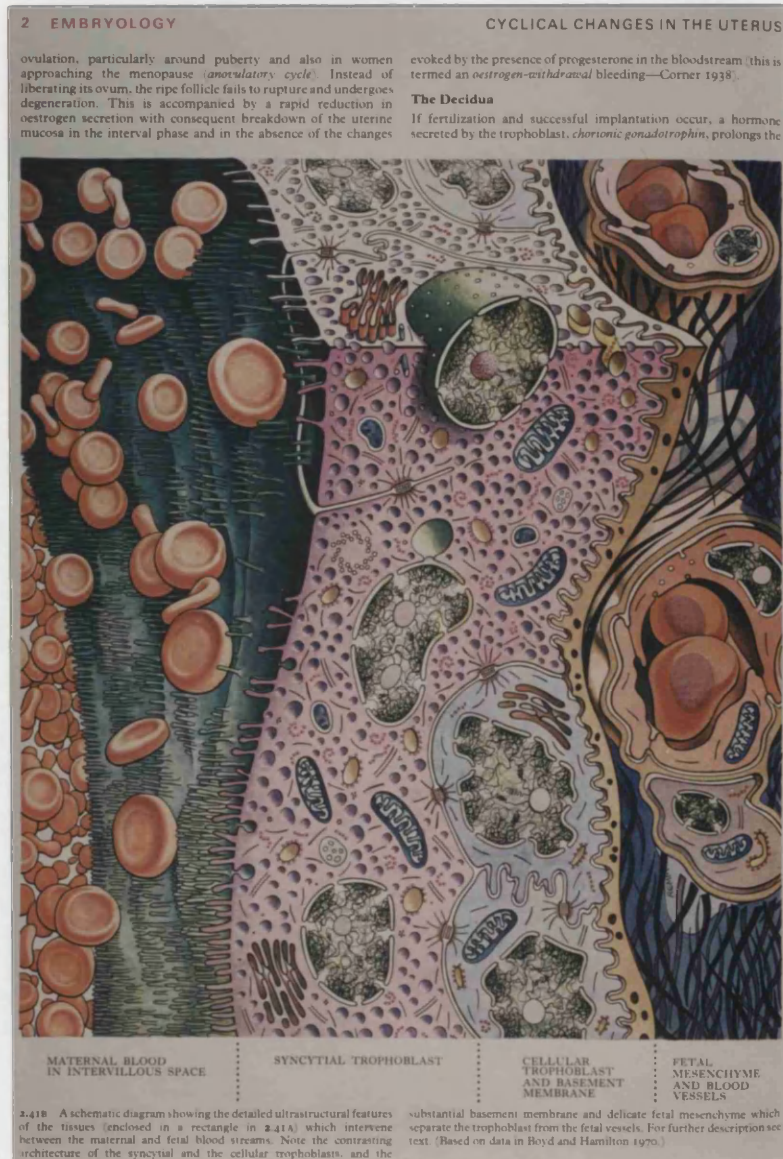
Wax anatomical model of the head and neck by Joseph Towne (1806-1879). From the evidence now available it is known that Towne sculptured his anatomical models, but made a very large number of casts on which to illustrate skin diseases.

By courtesy of The Gordon Museum, Guy's & St Thomas's Medical & Dental Schools.

figure 7.

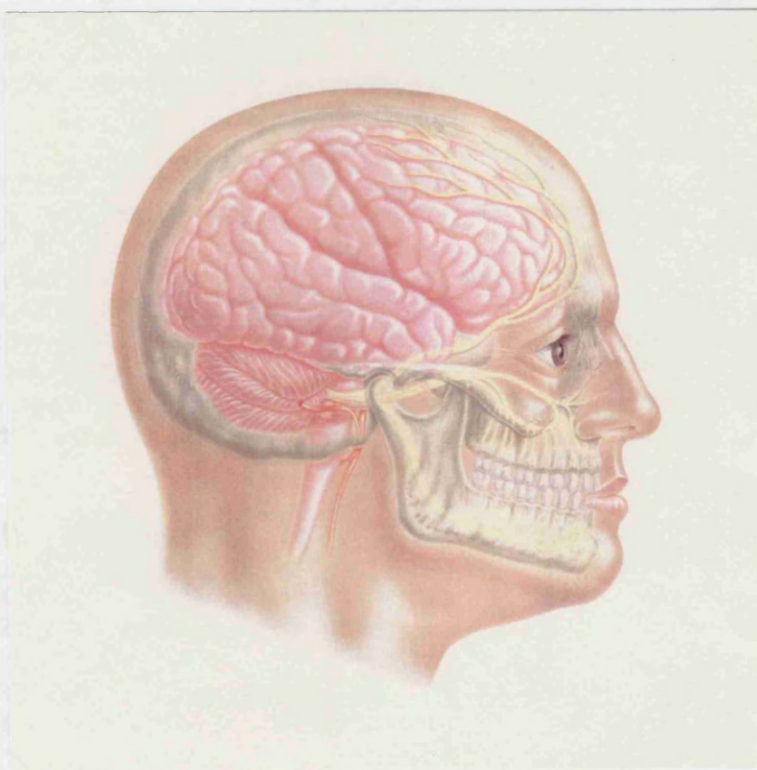
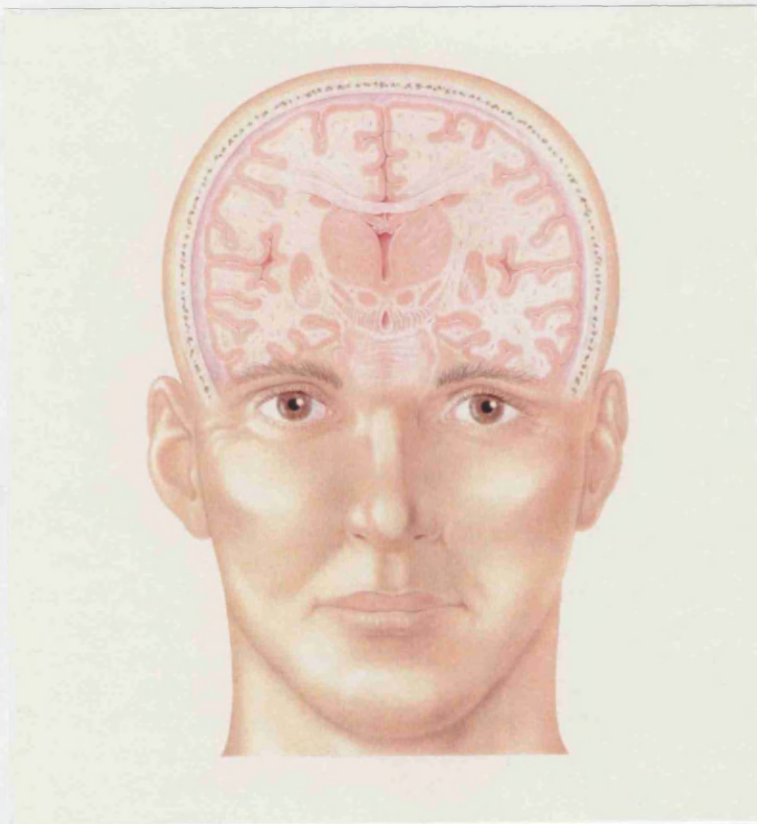


Ross-board drawing of the inner ear by Brödel from "Three Unpublished Drawings of the Anatomy of the Human Ear". W.B.Saunders Company, Philadelphia & London, 1946, fig.2. By courtesy of Tindall & Saunders.



A schematic diagram showing the detailed ultrastructural features of the tissues which intervene between the maternal and fetal blood streams. One of many drawings produced in black and white with overlays for colour printing by Richard E. M. Moore for Gray's Anatomy, Longman, 35th Edition, 1973, p. 97. By courtesy of Churchill Livingstone.

figure 9.



Illustrations for "Face Pain" and "Parkinson's Disease",
produced on a computer by Wilson for the British Brain &
Spinal Foundation, Patient/Careers Booklets.
By courtesy of the artist.

FOOTNOTES

No.

1. Galen, (129-c.201AD) On Anatomical Procedure and On the Uses of the Parts of the Body of Man.
2. Robert Herrlinger, History of Medical Illustration, From Antiquity to A.D. 1600, London & the Netherlands, Pitman Medical & Scientific Publishing Co. Ltd., 1983, p.9.
3. P Murray Jones, 'Sicut hic depingitur...': John of Arderne and English Medical Illustration in the 14th & 15th Centuries, Die Kunst und das Studium der Natur, vom.14, zum.16, Jahrhundert, Acta humaniora, VCH., pp.103-26 & 379-91, p.103.
4. Woodcuts & Engravings.
For a woodcut, the planed face of a piece of wood, such as pear, is carved so that the artist's image stands in relief. The surface parts of the block are rolled with ink and paper is pressed down upon it to receive the image.
For an engraving, which is an intaglio process, a gouging tool known as a burin or graver is used to cut lines into the metal printing plate. Ink is applied to the plate, then wiped off the unengraved surfaces, the ink remains in the grooves. Paper is then laid on the plate, pressure applied by means of a 'wringer-type' roller or roller press so that it is forced down to pick up the ink in the grooves and the image is transferred.
5. Mezzotint, A member of the class of intaglio prints. A tone-process in which a metal plate is roughened or ground all over using a tool with a curved and serrated edge (the rocker), producing an overall burr which would print a deep velvety black. The artist scrapes down the burr in proportion to the lightness of the tone he requires. The main distinguishing feature of the process is that the artist works from dark to light, from a black ground up to the highlights.
6. Ludwig Choulant, History and Bibliography of Anatomic Illustration... Translated and annotated by Mortimer Frank. New York, London, Hafner, 1945, p.105. (reprinted 1962). First German edition, 1852.
7. Leonardo da Vinci, Leonardo on the Human Body, translations by Charles D. O'Malley & J. B. de C. M. Saunders, New York, Dover Publications, 1983, p.501, no.146, Central Nervous System & Cranial Nerves. Clark 19076v / Q1 13v/ c.1504-1509.

No.

8. Metalpoint makes use of the fact that when a metal stylus (usually made of silver) is drawn over the surface of a sheet of paper coated with a preparation of finely ground bone, it leaves an extremely thin layer of the metal which oxidizes immediately to give a dark-grey trace (this is distinct from leadpoint, a broad lead stylus used on untreated paper for underdrawing or coarse sketches). Varying the pressure does not change the character of the line, and the mark cannot be erased. As the least capricious and most exacting medium, metalpoint demands control and discipline, and was thus the standard medium for the training of young artists in the studios of fifteenth century Italy.
9. James Tait Goodrich, 'John Stephen of Calcar, The Identification of the Anatomical Illustrators of the De Humani Corporis Fabrica (1543)', Journal of Biocommunication, 1978, vol.5, no.3, pp.26-32 p.27. In this article Goodrich writes,¹⁵
... John Stephen was an art student of Jean de Bruges whom he left in 1536 or 1537 for Venice to study under his uncle, Titian. ... John Stephen was a pupil and nephew of Titian; who was better qualified than he to lead a team of artists to do the Fabrica? ...
¹⁵ His reference is A. G. Beaman, A Doctor's Odessey, Baltimore, J. Hopkins Press, 1935, p.256, footnote 94.
10. J L Thornton and C Reeves, Medical Book Illustration A short history, Cambridge & New York, Oleander Press, 1983, p.58.
11. Jonathan Sawday, The Body Emblazoned, Dissection and the Human Body in Renaissance Culture, London & New York, Routledge, 1995, p.112.
12. J B de C M Saunders & C D O'Malley, (eds), The Illustrations from the Works of Andreas Vesalius of Brussels, New York, Dover Publications, 1950, p.92.
13. Devon I Hodges, Renaissance Fictions of Anatomy, Amherst, Massachusetts UP, 1985, p.5.
14. William Harvey, Exercitationes Anatomica de Mobi Cordis et Sanguinis in Animalibus, Frankfurt, 1628.
15. Martin Kemp, 'Dr William Hunter on the Windsor Leonardos and his Volume of Drawings Attributed to Pietro da Cortona', Burlington Magazine, no.118, (1976), p.144-8.
16. K B Roberts & J D W Tomlinson, The Fabric of the Body European Traditions of Anatomical Illustration, Oxford, Clarendon Press, 1992, p.621.
17. J M Ball, 'Andreas Vesalius: The Reformer of Anatomy', St Louis Medical Science Press, 1910, p.87.

No.

18. Jan Van Riemsdyk, Museum Britannicum, Folio 1778.
When Riemsdyk had finished working for Hunter he began work on the preparation of his own publication. He made drawings of objects in the newly-opened British Museum. He and his son Andrew produced a miscellany of drawings for the book, which was an official guide to the collection. The text reveals something of Riemsdyk's early life, expressing his emotions as a frustrated portrait painter forced to earn his living as a medical artist.
The original drawings are kept in the Department of Prints and Drawings at the British Museum.
There are various versions of his name, for example, Riemsdyck, Rymsdyck and Rymsdyk. His signature, "J. Van Riemsdyk, a natura pinx, Londini, 1755" appears on one of his drawings in crayon of "An Erect Male" in the Fothergill Collection at the Pennsylvania Hospital.
19. Lithography.
A planographic process, invented in 1798, this printing process is based on the fact that grease and water repel each other. Marks are applied to a limestone or metal printing plate with a lithographic grease crayon or liquid 'tusche'. After chemically fixing the drawing, the stone is moistened with water which settles on the unmarked areas. Ink is rolled over the whole; it adheres where the grease drawing has been. In traditional lithography, paper is laid on the plate, pressure applied by a flat-bed scraper press, and the image is printed. This process permitted faithful reproduction of a lifelike drawing. The Victorian, Maclise and many others made anatomical illustrations in this way.
20. John Daws, Chief Laboratory Technician, Gordon Museum, Guy's Hospital Medical School. 'The Remarkable Joseph Towne 1806-1879', London, Guy's Gazette vol.94, no.2293, 30th June 1979, pp. 252-62.
21. Sawday, op.cit., note 11 above, p.41.
22. Eric de Maré, Photography, UK, Penguin Handbooks, 1968, p.23.
23. Thornton and Reeves, op.cit., note 10 above, p.113.
24. Daniel M Fox & Christopher Lawrence, Photographing Medicine, Images & Power in Britain & America since 1840.
Contributions to Medical Studies, no 21, Greenwood Press, 1988, New York, Westport Connecticut & London.

No.

25. Max Brödel (1870-1941). Medical Artist, born in Leipzig, Director of the first Department of Art as Applied to Medicine, at the Johns Hopkins Hospital, Baltimore, 1910-1940. The Ross-board technique was devised in America by Brödel. Basically it consists of applying carbon dust, with a brush, to a chalk-surfaced stipple board.

26. Frank H Netter (1906-1991). Editorial, 'Medical Illustration Its History and Present Day Practice', USA, The Journal of the International College of Surgeons, vol.26, October 1956, no.4, pp.505-13, p.510-11.

27. Roger Warwick & Peter Williams, Gray's Anatomy, London, Churchill Livingstone, 1973, 35th ed. p.97.

Chapter 1.

THE MEDICAL ARTISTS WORKING IN BRITAIN

BEFORE AND DURING WORLD WAR I

At the beginning of the twentieth century there was a small number of freelance medical artists working for the individual illustrative needs of medical consultants, departments in medical institutions and, eventually, on active service in World War I. The artworks that they produced were used in teaching, especially in the form of textbooks and journals. This first group included W. Thornton Shiells, (born c.1870), A. K. Maxwell (1884-1975) and S. A. Sewell. All three worked on An Atlas of Pathological Anatomy, under the direction of E. K. Martin. Gray's Anatomy continued to be published, but the original illustrators, Henry Vandyke Carter (1831-1897) and John Guise Westmacott (1811-1884) were now dead. New artists were brought in to carry on the work which has been the standard textbook for medical students from its first publication in 1858 until the present day.

W. Thornton Shiells started work on the 25th edition (1932) and Maxwell followed on the 27th edition (1938) in which the artwork first began to be signed. S. W. Woods, R. N. Lane and P. Sibson Drury all produced illustrations for the 31st Edition, (1954). Although trained in drawing and painting, these artists were mostly self-taught in medical illustration, but by their enthusiasm for the subject and their own endeavours this small group became extremely competent and in much demand. J. Ernest S. Frazer, (1870-1946), the anatomist and competent artist, had already illustrated and published his own book, The Anatomy of the Human Skeleton in 1914. World War I saw the emergence of two great war-artists, Henry Tonks (1862-1937), with his background in surgery, and Maxwell with his already wide experience in medical illustration. To these must be added the name of Ernest Daryl Lindsay, an Australian, who found himself in England in the last year

of the war. The records they made, in England and France, in pencil, watercolour and pastels formed the two most outstanding collections of war injuries ever made, and their work, especially Maxwell's, formed a backbone for medical art in Britain in this century.

LIST OF MEDICAL ARTISTS IN THIS FIRST GROUP

1. HENRY TONKS (1862-1937)
2. J. ERNEST S. FRAZER (1870-1946)
3. W. THORNTON SHIELLS (born c.1870)
4. A. K. MAXWELL (1884-1975)
5. ERNEST DARYL LINDSAY (1889-1976)
6. S. A. SEWELL
7. S. W. WOODS
8. FRANK PRICE (1906-1986)

HENRY TONKS (1862-1937)

His desire from an early age was to become an artist, but in 1878, at the age of sixteen, he decided to study medicine. In 1880 Tonks became a pupil at the Royal Sussex County Hospital in Brighton for one year before entering the (Royal) London Hospital. In 'Notes from Wander-Years'¹ he says he seized every opportunity of drawing the bodies which were dissected in his class and when (later) he was house-surgeon he would draw those patients, who by any kind excuse could be said to lend themselves to pictorial treatment.

In 1886 Tonks gained his Fellowship of the Royal College of Surgeons. In 1892, when he became Demonstrator in Anatomy to the London Hospital Medical School and Curator of the Museum, he started attending art classes held by Walter Russell in Gray's Inn. However, in the same year,

Tonks resigned from his hospital posts to accept that of Assistant to the Slade Professor in Fine Art at University College, the newly appointed Frederick Brown (1851-1941). The Slade School, where Tonks was to teach for nearly forty years, held an important place in the history of English Art. According to the Phaidon Dictionary of Twentieth Century Art, 1977, the New English Art Club was formed by Brown in 1886. It was an exhibition society founded by artists acquainted with French art and institutions and out of sympathy with the Royal Academy. Their style was Impressionist and they favoured the elective system of the French Salon. The first exhibition took place in 1886 (the year of the last exhibition of the Impressionists). The rules were drawn up by Brown; Philip Wilson Steer (1860-1942) became a founder member. John Singer Sargent (1856-1925), Walter Richard Sickert (1860-1942), James Abbott McNeill Whistler (1834-1903) and Tonks joined them in the early years. The club played a vital role in English painting from about 1886 until 1910. The Slade became a sort of nursery for the club.

At the outbreak of World War I, Tonks was fifty-two years of age and eager to assist his country. He decided to resume his medical work and joined Dr W.B.Cosens, who was in charge of a prisoners' camp at Dorchester. He was given the task of collaborating with Cosens in keeping the special index for notes of all scars or wound injuries. However, he requested permission to draw the lesion instead of writing a description. From Dorchester he went to Hill Hall in Essex, a hospital for wounded officers and French and Belgian refugees. It was here that Tonks met Rodin and Madame Rodin and did a pastel drawing of them.²

In 1915 Tonks went to France to the village of d'Arc-en-Barrois, Haute Marne, where he worked in a Red Cross Hospital for French soldiers run by a group of English people, some of them friends of his. While in France he made sketches and notes for his hospital scenes, particularly one "Saline Infusion, An Incident in the Red Cross Hospital, d'Arc-en-Barrois", now in the Imperial War

Museum.³ He then joined a British Ambulance Unit going to Italy organised by the historian George Trevelyan. He remained there for a month and seemed to be a jack-of-all-trades, organising stores and equipment.

Tonks decided he was no use as a doctor, but he really wanted to be of service. He wrote to the Topographical Department at the War Office to see if his drawing could be useful. He was appointed to a temporary commission as a lieutenant in the RAMC and attached to the Cambridge hospital where he met and worked with (Sir) Harold Gillies.

... I am doing a number of pastel heads of wounded soldiers who had had their faces knocked about. A very good surgeon called Gillies, who is nearly a champion golf player, is undertaking what is known as the plastic surgery necessary. It is a chamber of horrors ...⁴

He had put his name forward to be sent abroad, but thinking his work was of some use, he felt that he might as well stay.

In a letter to D. S. MacColl⁵ he remarked:-

... one I did the other day of a young fellow with rather a classical face was exactly like a living damaged Greek head, as his nose had been cut clean off. Another I have just finished with an enormous hole in his cheek, through which you can see the tongue working, rather reminds me of Philip IV as the obstruction to the lymphatics has made the face very blobby ...

His contact with the War Office terminated in 1916, but he was told that the Government would be more likely to make use of him as a draughtsman if he held a commission. He worked in Aldershot three days a week until the centre was moved to Sidcup in Kent, where he continued to associate himself with Gillies' work in plastic surgery. Tonks' drawings of the injured before and after surgery, together with the details of positioning of the skin flaps at the operations, formed a unique collection of records of Gillies' patients. There are sixty-nine pastels and three pen and ink drawings which illustrate surgical procedures in the Army Medical Collection at the Royal College of Surgeons. They represent the work Tonks did at Aldershot

and Sidcup. The sensitive 'portraits', as they certainly were, are about half life-size; he used pastels on white paper, but in certain cases the head is shown against a grey background. (fig.1.1)

Today, photography would almost certainly be used for the 'before' and 'after' records, and drawings would be made of the actual operation. The drawings were done in much the same way as they are today, that is, by making sketches in the operating theatre and doing the finished artwork later in the studio.

Tonks continued to work for Gillies and in collaboration with Mr Sidney Hornswick,⁶ helped to illustrate Gillies' Plastic Surgery of the Face. He also worked with Mr Kelsey Fry, the dental surgeon, who was one of Sir Harold's close collaborators, doing the dental and jaw work on many of his patients. In 1917, during term time, Tonks went three days each week to University College, the other days were spent at Sidcup ("to paint a nose") and to Hill Hall, to be with his friends.

The war had brought artists before the public in various ways, as designers of recruiting posters, of memorials and as painters of scenes of the front line. In June 1918, Tonks and John Singer Sargent were attached to the Guards' Division. Tonks thought that the opportunity of distinguishing himself as a war artist had come, alongside Augustus John (1878-1961), William Orpen (1878-1931), Muirhead Bone (1876-1953), P. Wyndham Lewis (1882-1957) and others. He was sent to the Medical and Dental Surgery Headquarters in Berclaire; from thence to Berles-au-Bois and then Arras, where he made notes for his dramatic "An Advanced Clearing Station". This with many of his other works from France is now in the Imperial War Museum.

Tonks succeeded Professor Brown in the Chair of Fine Art in the University of London. Brown had officially retired from the Slade in 1917, but because of a great increase in the number of students, he continued to attend, offering his services to his successor. Both Brown and

Tonks had a great influence on the teaching of art, while they held the Professorship. It was probably due to Tonks' adoption of the pencil for drawings, rather than charcoal, in the early years of the century, that influenced a change in the use of the medium at the Slade. In the late 1890s all drawings were done in charcoal on 'royal' sheets (20"x25") of michallet paper,⁷ so that the figures were about twenty inches high. Subsequently the scale was able to be much reduced, as pencil superseded charcoal.

In 1925, Mr E. Wolff, who was lecturer in Anatomy at the Slade, decided to produce a book, Anatomy for Artists and he asked Tonks to do the illustrations; he declined, as he doubted whether his style of work was suited to zinc block reproduction. He recommended George Charlton, a member of the staff. Both author and artist were encouraged in this enterprise by Tonks. It involved a great deal of dissecting and Tonks allowed them time each week for more than six months to work on this endeavour. It became the standard book of surface anatomy for art students for many years.

During his years at the Slade, Tonks was a most prolific painter in both watercolour and oil colours, which were greatly influenced by his earlier use of pastels. He was at the very centre of the remarkable movement in English art, the New English Art Club. Among his finest works are his portraits and his portrait groups. Shortly after he ceased to teach at the Slade, Tonks was offered a knighthood, which he refused. The only recognition he desired was an exhibition of his work at the Tate Gallery and election to the Literary Society. Both of these he enjoyed - the former only shortly before his death, the latter from 1932 onwards.

JOHN ERNEST SULLIVAN FRAZER, FRCS Eng. (1870-1946)

Although he was not a medical artist by profession, his anatomical drawings are of such a high standard of interest and information that he cannot be left out of this list of artists working at the beginning of the twentieth century. A Fellow of the Royal College of Surgeons of England, he was appointed Lecturer in Anatomy at St Mary's Hospital Medical School in 1911 and made Professor in 1914. He illustrated his lectures and his works with his own extremely clear and informative drawings, some in line, some with added colour. His work has a spontaneity and freedom which was not hampered by technique. He wrote and illustrated his own book, The Anatomy of the Human Skeleton. Roberts and Tomlinson write:-

... Frazer's own careful and innovative illustrations, over two hundred of them, admirably complement his detailed yet lucid text, and make his book a treasure for students seeking to understand human skeletal anatomy. ...⁸

W. THORNTON SHIELLS (born c.1870)

He was one of the first professional medical artists in Great Britain to make a career producing mainly medical artwork in a freelance capacity. He was illustrating medical books before World War I. Surgical Diseases and Injuries of the Genito-Urinary Organs, by J. W. Thomson Walker dates back to 1914. Among his many works were the illustrations for Mr E. Canny Ryall's, Operative Cystoscopy. His work appears in many of the textbooks of the time and is seen in the 25th edition (1932) of Gray's Anatomy, for which he produced almost all the new drawings for the sections on splanchnology, neurology and surface anatomy. He also illustrated, with Nicholson, the dissections completed by Dr William N. Mann for Gray's Anatomy.⁹ Mr Illyd James, surgeon at the Central Middlesex Hospital, employed Shiells and he wrote in a letter to the author:-¹⁰

... I knew Thornton Shiells - he was the only freelance artist doing medical stuff and I had him do only one for me to illustrate a carbuncle of the kidney which was published in the British Journal of Surgery sometime in the 1930s ... Shiells was a charming man then about 60 and a very good artist. ... (fig.1.2)

A. KIRKPATRICK MAXWELL (1884-1975)

Maxwell became very well-known in the early part of the twentieth century for his work on many editions of Gray's Anatomy, and later for his war-work. He was a Scot born at Annan on the north side of the Solway in 1884. While still at school he showed a special interest in drawing, which his father encouraged; he could see a good future for his son in the lithographic department of his own father's printing business in Dumfries. When the young Maxwell left school he was apprenticed to a lithographer in Glasgow and was encouraged by him to attend evening classes in the City Art School.

At the beginning of the century, Dr Edward J. Bles,¹¹ University Assistant Lecturer in Natural History in the Department of Zoology, Glasgow University from 1902 until 1907 and Lecturer in Invertebrate Zoology in 1907, was writing some articles and needed an illustrator. Maxwell was given the job, and his employer allowed him two days off a week in which to work entirely on the drawings. He illustrated Bles' papers with such satisfaction that he soon gained a considerable reputation as an illustrator although, from the medical point of view, he was entirely self taught, having had no instruction in biology, human anatomy, or pathology. His work began to take him further and further afield; to Edinburgh and Dublin, then to Liverpool and Cambridge, and finally to London. World War I broke out on 4th August 1914 and early in the following year he received a telegram from Colonel Sir George Makens, RAMC: "Can you come to Boulogne immediately to make some surgical illustrations?"¹²

... Maxwell jumped at this heaven-sent opportunity, and arrived in France just in time for the second battle of Ypres at which

the Germans used poison gas (against the Canadians) for the first time. So it fell to Maxwell's lot to paint pictures of the deep cyanosis resulting from chlorine and later from phosgene poisoning. He also did many careful and accurate pictures of post mortem specimens and war injuries, and of gas gangrene and the consequences of infection. (Not only had blood transfusion not yet been started, but the antibiotics had not been discovered and there was still no medical treatment of any kind for sepsis). Many of these drawings were published in the British Journal of Surgery. ...

Maxwell's drawings came to the notice of Colonel T. R. Elliott, RAMC (later Professor of Medicine at University College Hospital, London) who suggested to Sir Walter Morley Fletcher, Secretary of the newly formed Medical Research Council, that Maxwell should be enlisted in the Army as a medical illustrator 'for the duration'. The authorities agreed and Maxwell was given the rank of Sergeant in the RAMC, and paid a regular supplementary salary by the Medical Research Council. Maxwell, who had been spending a few months in Scotland, returned to France in uniform and was given a room in the MRC's laboratory in the 13th General Hospital in the Casino at Boulogne. It was there that he met Sir Almuth Wright (who had introduced inoculation against typhoid), and Captain (later Sir Alexander) Fleming. He remained on active service right up to the end of the war. Sir Walter Morley Fletcher wrote in his report of the work of the Medical Research Council:-

... Sgt. A. K. Maxwell, RAMC, has completed his work in France where the Council employed him as a medical artist. The invaluable series of over 1000 drawings of war wounds and diseases, with many simpler sketches of specimens and apparatus, are now stored in the War Office collection at the Royal College of Surgeons in London where they are available for exhibition and study. Many have already been reproduced for publication. Students will remain heavily indebted to Sgt Maxwell for the beauty and accuracy of these permanent records, and the Council would not only acknowledge his professional skill, but also his untiring industry and devotion to duty which brought many hardships with it. ...¹³ (fig.1.3)

After the war Maxwell settled in London, he was appointed artist to the Department of Anatomy and Embryology at University College, London, to work with Professor Elliott Smith on a part-time basis. This left him free to work for

other clients, notably Dr W. Leitch, Director of Cancer Research Institute, Fulham Road, London. This work led him to take a considerable interest in the subject. He even wrote papers himself, speculating on its nature, which were published in 1937.¹⁴ Such authorities as Sampson Handley, Graham Hill and Sir Cecil Wakeley held his views, uneducated in medicine though he was, in considerable respect.

At the outbreak of World War II he was in his favoured New Zealand:-

... He immediately joined up and 'back to the Army again', spent the first year of it as a private soldier guarding a cable station. Then history, as it so often does, repeated itself. Suddenly and unexpectedly again he got a telegram, this time from Rear-Admiral Sir Cecil Wakeley, RNVR, at Haslar Naval Hospital, in Portsmouth: Could he come back to England at once and draw pictures of battle and air raid casualties? ...¹⁵

After the war Maxwell moved to Cambridge, where he settled down to illustrate Hamilton, Boyd and Mossman's Human Embryology and The Placenta, which according to Clark-Kennedy, he himself regarded as "some of the best work I have ever done in my life". He continued to live an extremely quiet life in Cambridge until his death. Maxwell was a man of high principles, he would insist on the originator, (if not himself) of a drawing, signing it as well as himself.

The whole collection of Maxwell's drawings was destroyed when the Royal College of Surgeons was bombed during the war. However, quite recently a sketch book which he offered to Wakeley in 1953, has been found. It contains a most important and interesting collection of drawings, many on the progress of gas gangrene and other war injuries, as well as some portraits, landscapes of the battlefields and studies of a pet pidgeon, dating back to 1917 when he was stationed at the Casino in Boulogne. It confirms his standing as a most competent draughtsman and certainly one of the most important medical artists of this century. Although he did not join the MAA, Maxwell was made an Honorary Life Member in 1951.

Charles Bell had visited the battle fields of Waterloo, drawing and making records for his own books, but Tonks and Maxwell were the first artists to work in medicine, on active service with the RAMC. Others were to see active service in World War II and to bring back skills and experience to fill some of the new posts in the medical schools.

ERNEST DARYL LINDSAY (1889-1976)

Lindsay joined the English, Scottish and Australian bank as a junior clerk at the age of 17 years. About a year later he became a 'jackaroo'¹⁶ and worked in Neranbah on the Narron river. For several years he worked in this capacity, eventually enlisting as a driver in the Australian Army Corps. He served in France for two years, and while there he was encouraged to make drawings of trench life.

On leave in London in 1918, his talent for drawing was again noticed and he was posted with the rank of honorary lieutenant to the Australian section for wounds to the face and jaw at Queen Mary's Hospital, Sidcup, Kent. Here he met Tonks and, at his suggestion, he was given one day a week to study drawing at the Slade. Tonks and Lindsay became life-long friends and Lindsay's taste in art was largely fashioned around the work of the artists of the New English Art Club. He made many drawings in colour of the war wounded and the surgery performed on them. These form a large part of the archives held at Sidcup.¹⁷

Back in Melbourne in 1919, Lindsay held an exhibition of his war sketches. He worked on several commercial art projects and in 1920 he obtained permission to make a series of drawings of the Mount Morgan Gold Mine. He does not seem to have taken on any medical artwork in Australia, instead he developed his landscape painting and exhibited his work on his visits to London. He frequented art museums and art auction houses, laying the foundation of a knowledge of the art market and connoisseurship. In

1937 he was elected an Associate of the Royal Society of Painters in Watercolour, in 1939 he applied for the post of keeper of prints at the National Gallery of Victoria and in 1941 he was appointed Director. Under his directorship the gallery broadened its appeal to the general public, abandoned its traditional hostility to modern art and made notable acquisitions of both old masters and contemporary work.

Lindsay retired in 1956 and was knighted for his services to Australian art, in the following year.¹⁸

S. A. SEWELL

A freelance artist about whom little is known. According to McLarty¹⁹ he worked with Thornton Shiells and Maxwell on An Atlas of Pathological Anatomy, under the direction of E.K. Martin. He also worked on (Sir) William Thorburn's book, A Contribution to the Surgery of the Spinal Cord, completing 21 coloured drawings,²⁰ and (Sir) Geoffrey Jefferson's article 'Remarks on the Treatment of Acute Head Injuries'²¹ in the BMJ. Like Thornton Shiells he was much sought after, being one of that small band of medical artists working at the beginning of the century. Examples of his work can be found in many publications on anatomy, pathology and surgery.

S. W. WOODS

Woods did most of the new work for the 31st edition (1954) of Gray's Anatomy. He continued to be associated with the book until the 35th edition (1973) when his services were taken over by Moore.

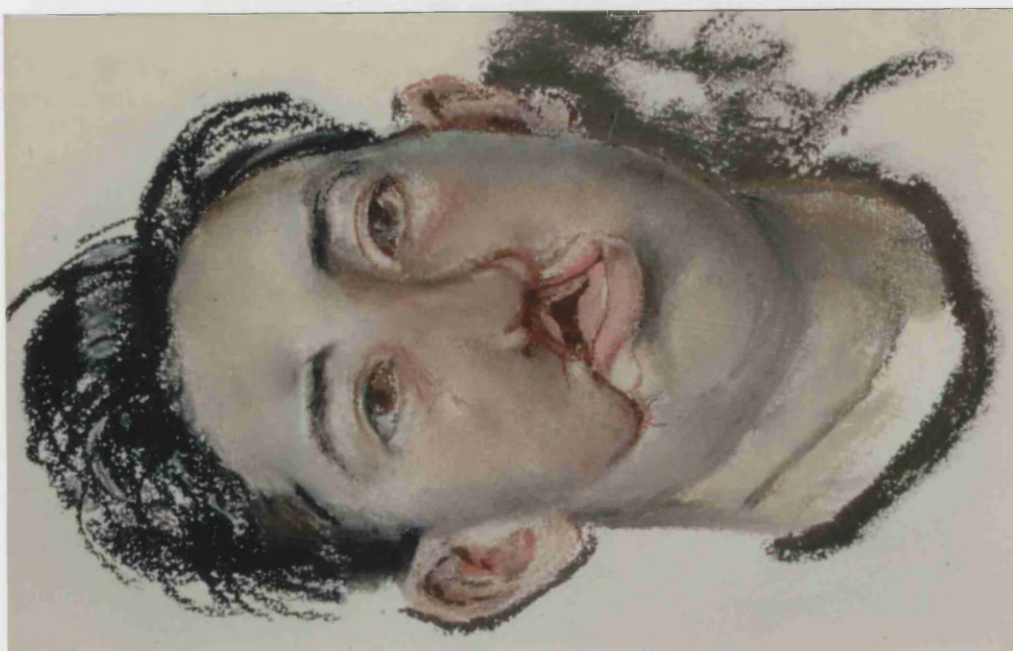
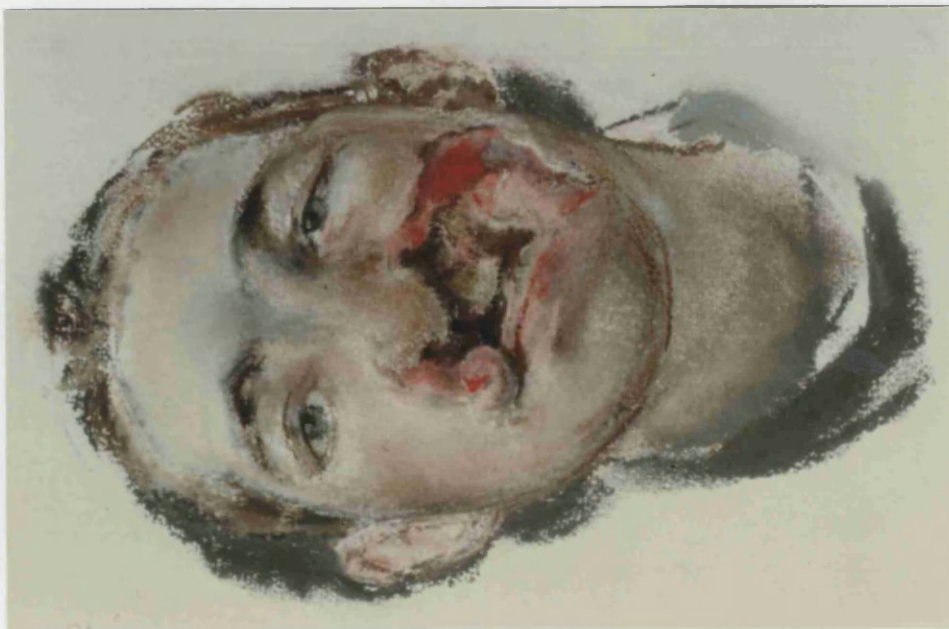
In Gray's Anatomy, 35th Edition, Longman 1973, editors, Peter L. Williams & Roger Warwick wrote:-

Mr S. W. Woods had already prepared six new illustrations (chiefly in embryology), with the same high standards with which he embellished several previous editions while serving Professor Davies.

FRANK PRICE (1906-1986)

The last of this group of freelance artists, Price worked on many and various chapters of Rob and Smith's Operative Surgery, especially on the the Ear, Nose & Throat volume and the chapters by John Ballantyne, consultant ENT surgeon at the Royal Free Hospital. He also helped to illustrate Scott Brown's Otolaryngology, edited by Alan G. Kerr and Hamilton, Boyd and Mossman's Human Embryology.

Ballantyne remembers going to Price's home in Hampstead Garden Suburb where he would discuss work, chain-smoking and sitting cross-legged on the floor. He had an amazing visual memory, he would attend the operating theatre, watch the procedure, without making any sketches or taking any notes, merely asking the surgeon to stop briefly at critical points where illustrations were required. Six months or so later, Ballantyne would ask how the drawings were getting on, only to be told that they had not been started yet, but they would be put at the top of the pile. A short time later he would produce a complete set of illustrations.

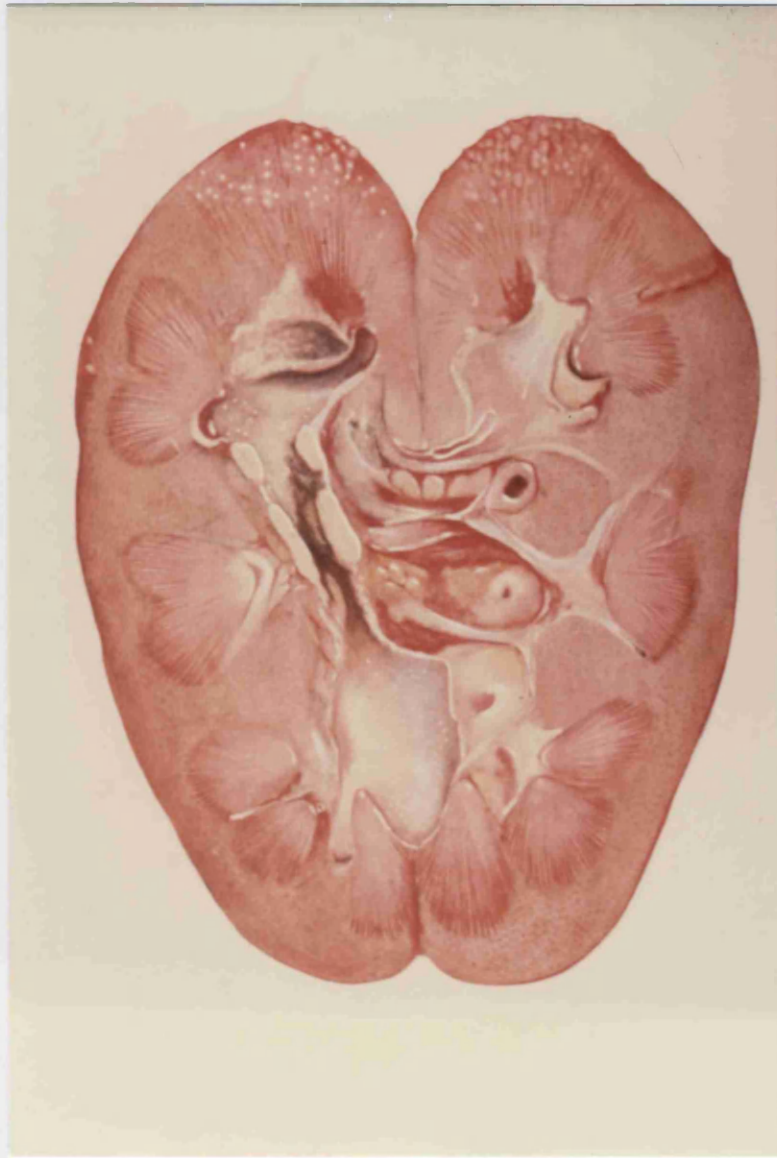


Two pastel, portrait drawings by Tonks of men wounded in World War I.

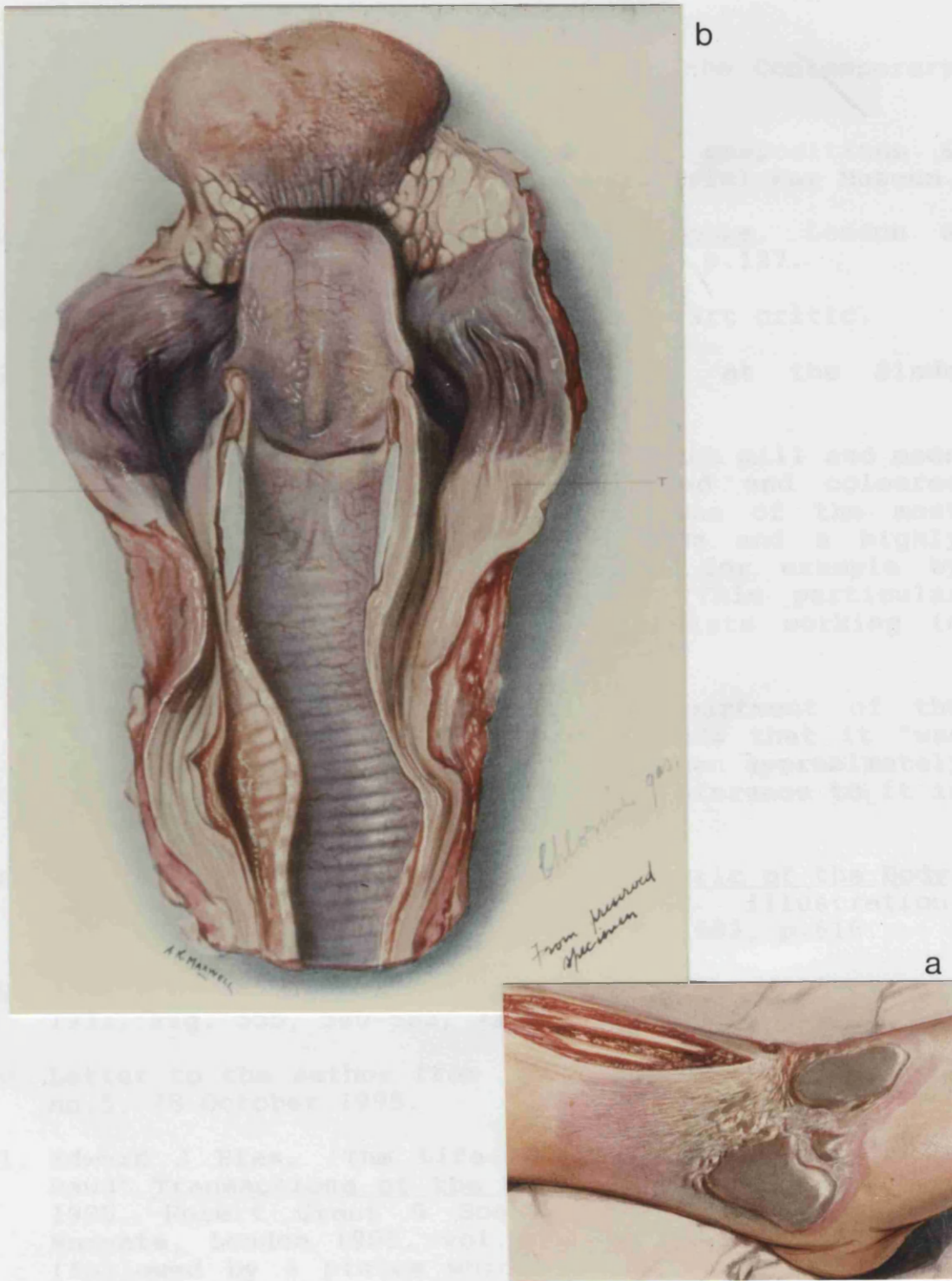
Reproduced by kind permission of the President and Council of The Royal College of Surgeons of England.

... They are of more impact than photographs because the artist has, in a sense, instilled his sympathy and understanding into the record. ...¹

¹ J. P. Bennett, 'Henry Tonks and His Contemporaries', London, British Journal of Plastic Surgery, 1986, pp.3-34, p.14-15.



Watercolour painting by W. Thornton Shiells of a specimen of tuberculosis of kidney, ulcero-cavernous type, operation specimen removed by Mr Illyd James, at The Central Middlesex Hospital in the 1930s. Reproduced by kind permission of The President & Council of The Royal College of Surgeons of England.



- a. Watercolour painting of a case of gas gangrene of the leg and
- b. of the trachea, by Maxwell from his sketch book, Casino Boulogne, 1917. Note the abrupt line of transition in colour from purple to a healthy tint, at the level of the trachea.

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FOOTNOTES

No.

1. Henry Tonks, 'Notes from Wander-Years', Art Work, 1929, vol.V, no.20, pp.213-35.
2. This picture was eventually given by the Contemporary Art Society to the Tate Gallery.
3. There are 14 Henry Tonks war-time compositions & several pen & ink sketches in the Imperial War Museum.
4. Joseph Hone, The Life of Henry Tonks, London & Toronto, William Heinemann Ltd., 1939, p.127.
5. D S MacColl, friend and contemporary art critic.
6. Mr Sidney Hornswick, Artist, Tutor at the Slade School.
7. Michallet paper was produced in a French mill and made in a great variety of tinted, toned and coloured papers, the majority for drawing. One of the most well-known had a warm off-white tone and a highly distinctive surface texture, chosen for example by Seurat for most of his drawings. This particular Michallet was popular with many artists working in chalk, pastel or soft graphite.
Peter Bower, (Paper Historian) 1996.
Gillian Roy of The Conservation Department of the British Museum confirms this and adds that it "was apparently imported quite widely between approximately 1790 and 1950 ... I cannot find any reference to it in our conservation library".
8. K B Roberts & J D W Tomlinson, The Fabric of the Body, European Traditions of Anatomical Illustration, Oxford, The Clarendon Press, Oxford, 1992, p.616.
9. Gray's Anatomy, ed. T. B. Johnston, 25th edition, 1932, Fig. 555, 580-582, 723-725.
10. Letter to the author from Mr Illtyd James, MAA/PA/IJ no.5, 28 October 1995.
11. Edward J Bles, 'The Life-History of *Xenopus Laevis*, Daud' Transactions of the Royal Society of Edinburgh, 1905, Robert Grant & Son, Edinburgh & Williams & Norgate, London 1905, vol.41, pp.789-821 p.793 text, (followed by 4 plates which are not included in the page numbering of the volume).

Idem, 'Notes on Anuran Development; Paludicola, Hemisus & Phyllodmedusa,' in J Graham Kerr (ed) The Work of John Samuel Budgett, A Collection of Zoological Papers, University Press, Cambridge, 1907, vol.16, pp.443-58, p.445, (followed by plates 22-7).

No.

12. R M S Bell & A E Clark-Kennedy, 'A. Kirkpatrick Maxwell, an illustrated appreciation', Journal of Medical & Biological Illustration, 1973, vol.23, pp.17-22, p.18.
 13. Ibid., pp.17-22, p.19.
 14. A K Maxwell, 'The Ultimate Conclusion of All Cancer Research', The Medical Press and Circular, 1937, August 4 & 11, pp.102-10 & pp.124-30.
 15. Bell & Clark-Kennedy, op cit., note 12 above, pp.17-22, p.21.
 16. In Australia, an inexperienced colonist was called a 'jackaroo'.
 17. The Macalister Archive, records of Queen Mary's Hospital, Sidcup, Kent, 1917-1921. Dr Andrew Bamji, FRCP, Consultant Rheumatologist and Honorary Consultant Archivist.
 18. Australian Dictionary of Biography, vol.10: 1891-1939, Lat-Ner. Melbourne University Press, General Editors, Bede Naine & Geoffrey Serle.
 19. M McLarty, 1963. A Study of Medical Illustration in Britain, the United States & Canada from 1900-1960, BLitt, University of Oxford, 1963.
 20. William Thorburn, A Contribution to the Surgery of the Spinal Cord, London, C. Griffin & Co., 1889, pp.vii.230.
 21. Geoffrey Jefferson, 'Remarks on the Treatment of Acute Head Injuries', British Medical Journal, 1933, vol.2 pp.807-12.
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THE MEDICAL ARTISTS WORKING IN THE PERIODBETWEEN THE WARS

This second group includes men and women who were working mainly in a freelance capacity after World War I, and during the 1920s and 1930s when their careers were interrupted by the outbreak of World War II.

LIST OF MEDICAL ARTISTS IN THE SECOND GROUP

		Working in:-	
9.	DOROTHY DAVISON (1890-1984)	Manchester	in 1918
10.	ROBERT MATTHEWS (Scottish Group)	London & Edinburgh	1923
11.	DOUGLAS KIDD (1903-1992)	Liverpool	1929
12.	AUDREY J. ARNOTT (1901-1974)	London	1930
13.	MARGARET McLARTY (1908-1996)	Edinburgh	1930
14.	CLIFFORD SHEPLEY (1908-1980)	Edinburgh	1934
15.	GABRIEL DONALD (1914-1997) Scottish Group	Glasgow	1937

DOROTHY DAVISON (1890-1984)

To those artists involved in medical art in the twentieth century the initials D.D. need no amplification. Dorothy Davison had no doubts about her ability and the contribution she had made to medicine. To form an association of medical artists was her brain-child and it was her great ambition to see it established before she retired. (fig.2.1)

She began her art studies at the Manchester School of Art. Unfortunately she was forced to leave art school prematurely, without qualifications, to nurse and keep house for her ailing parents. However, she was particularly interested in Egyptology and, as soon as she

was able to, she took a job teaching this subject to children at the Manchester Museum.¹ In the course of her work at that time, she made many accurate models of Egyptian tombs and houses, complete with wall paintings, which she used to illustrate her talks. The Professor of Anatomy at Manchester University at that time (Sir) Grafton Elliot Smith, saw her paintings and commissioned her to copy some original frescoes for him. It was Elliot Smith who suggested that she might take up medical art, although all he knew about the subject was that there were artists who illustrated medical books. So Davison went to work in the Anatomy Department, where her first assignment was to draw a composite picture of a reptilian brain from over 50 histological sections.

In 1919, Elliot Smith transferred from Manchester to University College, London. On leaving he asked his successor, Professor J. S. B. Stopford, to look after Davison; from then onwards she was known as 'Stopford's Legacy'.

One of her first encounters with the medical staff was on the occasion when a tall thin young man strolled into her room and enquired if she could paint. He was Geoffrey Jefferson (1886-1961) who was to become the eminent neurosurgeon. Their meeting began a long partnership resulting in the many neurological Ross-board drawings for which she became well-known. About this time, in the 1920s, she also started work on a series of paintings of bone tumours for Professor Harry Platt and paintings of blood cells for Dr M. C. G. Israëls and his book Atlas of Pathological Haematology.

The early days of her career were not easy, like many who were to come after her in other places, she lacked proper facilities and accommodation (she worked in a nurse's bed-sitter for some time). She also lacked experience in medical matters and experienced the problems that any pioneer, in a field new to her, must overcome. However, she surmounted her difficulties by her own efforts and

with the help of her medical friends and colleagues. In 1939, the University of Manchester appointed her to the post of Medical Artist, but the war started and the appointment was postponed for the duration.

There was little freelance medical work required of her during those war years and still many commitments at home so she was unable to work anywhere full-time. However, the Professor of Geography asked her to join his department on a part-time basis. She spent the war years there drawing maps, reorganising the lantern slide collection, keeping everything in order and generally looking after the library and equipment in the department, in her own words, "being a superchar".²

After World War II she was able to take up her post at the Manchester Royal Infirmary, where she remained until her retirement in 1957, coping with a variety of work, training students and illustrating many textbooks. Some of her most notable work was done for Professor G. A. G. Mitchell including his books, The Anatomy of the Autonomous Nervous System and Basic Anatomy. Dorothy Davison worked with a great conviction that whatever she did was right. She was sure that her specimen paintings, which she did in the post mortem room, were the very best because they were 'so fresh'. They were certainly vibrant in colour, some might say garish, and because of the haste in doing them they sometimes lacked form and structure. If they did 'come off', then they were very good indeed, but they lacked the detail and delicacy of the specimen paintings of Barber and her students, (see chapter 3.) who probably took longer and most likely had 'to cook' the colour. Her anatomical, neurological and other surgical works in half-tone showed more form and detail, but again compared with the neurosurgical work of say Arnott, they lacked depth, but they did reproduce well. She had visited Arnott in London before the war to learn the Ross-board technique from her and later she was convinced that her interpretation of the technique was superior to the original devised by Brödel. It is clear from her writings

that Davison had an extremely high opinion of herself and her work, which she considered was of the highest standard, having been encouraged by some of the most eminent men in the medical profession and having had a long and wide experience. (fig.2.2)

When she set out to create her brain-child, an Association of Medical Artists, she already knew Arnott and McLarty from her visit to London after Arnott's return from her studies in America in 1933, and she knew of Shepley, Medical Artist at Edinburgh University. She enlisted the help of these three artists in organising and forming an Association.

In 1947, she started her travels to London seeking out and really 'vetting' medical artists who might form the nucleus of potential members of her Association. She was extremely critical of the other artists she met. If an artist had not been trained by, or worked with her, it was doubtful if they could be any good. She said that, "my surgeons in Manchester, would not tolerate the inferior work that they obviously did in London". She wrote long and detailed letters, especially to her colleague Shepley. Between 1948 and 1951 her letters and his replies form a large part of the contents of the Pink File, kept in the Archives of the Medical Artists' Association.³

Davison was quite a frequent traveller to Europe. In 1956 she visited Holland⁴ where she stayed with Joyce Wetselaar (née Whittaker), a former pupil. Her travels took her on to Leiden where she met Jan Tinkelenberg, a specialist in detailed anatomical illustration who became a member of the MAA, and Mrs Blumenthal-Rothschild.⁵ In 1960 she spent some time "Medical Artist Hunting in Scandinavia"⁶ and in 1962 she visited the German medical artists in Vienna.⁷

Davison was certainly one of the great 'characters' in the profession. The last sight that many people remember of her was, in 1977 in Manchester. After lecturing to the students for over an hour when it was supposed to be a fifteen minute chat, and taking no notice of any signs and

signals to stop, she had to be carried off the rostrum by Donald and others, who lifted her bodily off the ground, and placed her a very long way from the stage.

DOUGLAS KIDD (1903-1992)

He studied art at Liverpool School of Art. On leaving aged sixteen years he went to work in the Department of Pathology at Liverpool University. In 1929 he left to become a freelance medical and scientific illustrator. In 1942 he joined the Royal Army Medical Corps and was sent to a General Hospital and to Germany.⁸

After World War II he returned to his freelance work until 1954 when he was appointed Artist to the Faculty of Medicine in the University of Liverpool. He retired in 1971. Kidd was a Founder Member of the MAA, and although he was nominated for the Committee by Mrs Blackburn in 1950 he did not accept. In his reply of 9 March 1950⁹ he wrote:-

... owing to the congested state of my work and the uncertainty of my movements coupled with the fact that I am not attached to any University, Hospital or School it would be quite impossible for me to reconcile the demands for my services as an illustrator with what I should consider my duties as a member of the Committee. ... whilst I shall always be only too happy to place the results of my experience at the disposal of the Association I realise that my views must be essentially those of a freelance and would prefer that such be given in an unofficial capacity.

I do trust that my difficulties in trying to reconcile the somewhat harassing demands on the services of a freelance with an earnest desire to see the Association increase in prosperity and prestige will be understood. Yours sincerely,

Kidd sent a copy of his letter to Shepley who in his reply of 13 March 1950¹⁰ said he regretted his refusal to stand not only because he was freelance "... I suggested that you should be approached as one of the most senior freelance medical artists in the country, now that Maxwell has decided to retire ..." but also because "... Quite frankly, there is a dearth of male members in the

Association, and I think your views and experience would have been of great value. ..."

Kidd worked predominantly on book illustration and he became joint author with K. Armstrong of Atlases of Male and Female Anatomy, 1956-1960 and worked for many years with Sir Reginald Watson-Jones, illustrating his book, Fractures and Other Bone and Joint Injuries.

Kidd also illustrated:-

E. Noble Chamberlain and C. M. Ogilvie's, Physical Signs in Clinical Medicine, 1936 & 1967.

Cecil Wakeley's, Students' Handbook of Surgical Operations, 1937.

J. Munro Kerr's, Operative Obstetrics, 1937, and Combined Textbook of Obstetrics & Gynaecology, 1939.

James Moroney's, Surgery for Nurses, 1950, and Surgical Principles, 1968.

Sir Norman Jeffcoate's, Principles of Gynaecology, 1974.

J. W. Bigger's, Handbook of Bacteriology for Students and Practitioners of Medicine, 1949.

Kidd remained a member of the MAA until he retired in 1971.

Full details of books and publications are given in the Bibliography.

AUDREY J. ARNOTT (1901-1974)

Audrey Arnott was the only British medical artist to study with the renowned Brödel in America. She went to school in Rochester and from there she went to the Royal College of Art. A very good draughtswoman, she might well have made a career in portrait painting, but was persuaded to devote her working life to medical art and mainly to producing neurosurgical drawings for Professor Sir Hugh Cairns (1896-1952). It was while she was working for him, at the London Hospital in 1932 that he suggested she should go to the USA to study at the Brödel School, which he knew from

his visits to America, and bring back to Britain the Ross-board, carbon-dust technique, devised by Brödel.

In 1938, Cairns moved to Oxford and Arnott and her friend and colleague from Edinburgh, McLarty, followed him there. She remained medical artist to Cairns, but when the Nuffield Professors were appointed, as well as working for Cairns, who was made Professor of Neurosurgery, she had also to undertake the illustrations required by the Professors of Anaesthetics, Medicine and Gynaecology.¹¹

Cairns did not consider an artist as a luxury, but as an essential member of any medical team, whose aim it is to teach and write as well as to heal the patients under their care. Arnott will be remembered particularly for her exceptionally fine and sensitive neurosurgical drawings. These were done at a time when there was no great rush to have results almost immediately, as there is today. They are, without doubt, among the most well-drawn and sensitive medical illustrations of the first half of the twentieth century. Almost all her neurosurgical drawings were executed on Ross-board. The combination of her knowledge of the anatomy of the brain and her ability to recreate convincing three-dimensional drawings of the cavities in the brain, produced the most realistic drawings of the head and opened skull. (fig.2.3)

An artist of some determination, she refused to draw an anaesthetised cat about to undergo experimental surgery for one of the Nuffield Professors as not being 'her brief'. She never produced a graph or chart during her career and did not think it was part of her job, as an artist, to do so. Very few medical artists could have got away with that, even in the 1940s or 1950s. Fortunately for her, she retired before the great demands for statistical work began flooding into the medical artist's studio.¹²

Although she was one of the original four artists who helped to inaugurate the MAA in 1949, Arnott was not the least bit interested in associations and committees and

was really quite indifferent to the proposals Davison was making, but she went along with them for the sake of the profession. Also Arnott had taken a dislike to Davison at their earlier meeting in London, so much so, that she could not bring herself to offer Davison accommodation at her and McLarty's home at Nunnery Close, Upper Wolvercote, at the time of the first meeting in Oxford in April 1949. Arnott was persuaded to become the first Honorary Assistant Secretary of the MAA, which she accepted, but for two years only, from 1949 until 1951.

After taking an early retirement, both she and her life-long friend, McLarty, went to live in Malta. When Mintoff became too troublesome they moved to the South of France. She died soon after their return to England in 1974.¹³

After the death of Cairns in 1952, Arnott lost most of her enthusiasm for medical work and it is probably true to say that a great deal of her talent in that and other fields of work was never fully realised.

MARGARET McLARTY (1908-1996)

McLarty was expected to carry on the family tradition and become a doctor, but the call of art was too strong for her and she became a student at the Edinburgh College of Art where she gained a diploma in drawing and painting. At the end of her training she was told that the neurosurgeon, Professor Norman Dott, required some medical illustrations. She agreed to do them, but in order to be adequately equipped, she went to the Anatomy Department to dissect the brain and spinal cord with the first year medical students. It was Professor Dott who suggested she should go to London to learn the Brödel carbon-dust technique from Arnott at the London Hospital.¹⁴ Unfortunately for him she did not return to Edinburgh. Of Arnott she has written:-

... She was not only a superb artist but also an excellent teacher and I think I learned more from her than I ever did at Art College! In London I shared a flat with Audrey Arnott in Chelsea and after a time, living in London, I decided I would

like to stay and try working as a freelance artist. In the mean-time Professor Dott has asked a Canadian artist, Hester Thorn, to work with him, she had also studied in Baltimore.
...¹⁵

In 1938, when both McLarty and Arnott moved to Oxford, the former maintained most of her London contacts. However, the stringences of war forced her to give up her car and, at that time, travelling by train was uncertain and overcrowded. She began work illustrating Hamilton Bailey's Surgery of Modern Warfare and decided to stay in London. The book was a big undertaking, there were seven volumes and many contributors. At that time she also illustrated books for Rodney Maingot and others on techniques in general and rectal surgery.¹⁶

In 1940, McLarty was appointed medical artist to the Department of Anaesthetics, directed by Professor Sir Robert Macintosh. While she was in this employment she illustrated a series of books on Principles of General Anaesthesia for him and his assistant authors. In the evenings she was occupied drawing charts and diagrams for The Lancet. In London, she had drawn mostly what she called 'the offals', so anaesthesiological illustrations were a new challenge, the subjects being predominantly anatomy and physics. She also completed 174 drawings for Professor David B. Ellis's, Anatomy for Anaesthetists, Blackwells 1966. Prior to that, however, in 1960, her own book Illustrating Medicine and Surgery¹⁷ was published. It covers most of the types of work carried out by the medical artist and the techniques used. In the Preface, McLarty wrote:-

...I have sought to set down some fundamental procedures for the making of drawings, paintings and the preparation of charts etc. for general medical illustrating. ... The line of practicability has to be drawn somewhere and for that reason animation, moulage, teaching models and the scientific exhibit are not dealt with here. Only material of the widest interest and of the greatest help to the majority of workers in this field has been included. ...This book was begun eleven years ago, and would have been abandoned had it not been for the interest of Mr Charles Macmillan and Mr James Parker of Messrs E. & S. Livingstone. Their constructive criticisms and

suggestions have made the work a constant source of interest and to achieve their approval a goal worth seeking.

The book is reviewed in the MAA News Letter No.14, April 1961 under the heading "The Event of the Year", by the editor, Davison and reviews by Learmonth, Jefferson and others.¹⁸

Following that success she visited the USA in 1961 and gave a lecture on "The Status of the Medical Artist in the United Kingdom" at the 16th Annual Meeting of the Association of Medical Illustrators, at Rochester, Minnesota. She became a Member of the AMI.

... The high spot of this visit was a drive from Seattle, via Yellowstone Park, Idaho, Oregon, Montana, South Dakota to Minnesota and Rochester, New York State, - 2000 miles! It was here in Rochester at the Mayo Clinic that I met many American colleagues, who until then, had just been names on a list. On my return home, my visit inspired me to write a thesis on Medical Illustration. I was encouraged in this by Dame Janet Vaughan, who had asked me in 1935 to illustrate her first book on The Anaemias. My thesis earned me an Oxon.B.Litt. and when Audrey Arnott retired I was appointed to the University of Oxford. ...¹⁹

McLarty presented her thesis in 1963, entitled A Study of Medical Illustration in Britain, the United States & Canada from 1910-1960.²⁰ She gave a very general view of medical art and photography during that period, which had been well researched and the illustrations were appropriate. Surprisingly, she advocated that there should be a Medical Director for a combined or separate departments of medical art and photography, she wrote:-

... It seems reasonable then that the head of a department of medical illustration should be a doctor with a wide knowledge of graphic techniques who will be to the artists and photographers as an architect is to a builder. Or he might, where the artist and the photographer are each highly skilled and experienced, act as a 'go between', and as their representative on committees, although there are few workers in this field now with the necessary academic qualifications to fill the position of director. ...

She was soon to change her mind after the frustrating experience of having a Medical Director appointed to her department at the Radcliffe Infirmary, in order to represent the department in administrative negotiations.

With this experience and knowing that the situation was similar and unsatisfactory at Guy's, on her retirement she did all she could to ensure that such an arrangement was not repeated in Oxford.

In the years before her retirement, she received a great deal of satisfaction from working for Professor Harold Ellis at the Westminster Hospital and Professor Sir John Stallworthy, Nuffield Professor of Gynaecology and Obstetrics at Oxford. McLarty retired in 1971, having completed an exceptionally large collection of beautifully clear drawings, full of depth and movement, many in the carbon-dust technique, on a very wide range of intricate surgical techniques. (fig.2.4)

She was one of the four artists and, at the beginning like Arnott a somewhat reluctant one, who helped to inaugurate the MAA in 1949. She held the office of Honorary Secretary from 1950 until 1954 and was Editor of the Newsletter from 1969-1971. With Arnott she was joint host at the 20th MAA Conference in Oxford in 1969 and was present at the 36th MAA Annual Conference and at the opening of an exhibition of her work at the Christchurch Gallery in Oxford in 1985. Although unable to be present at the Medical Artists' Association's 40th Anniversary Conference at the Royal Marsden Hospital, London, in 1989, she wrote a few introductory words recalling the early days of the MAA, which were read by Archer. She remained on the MAA List of Retired Members until her death in 1996.

CLIFFORD SHEPLEY (1908-1980)

He was the last of the four medical artists who helped to inaugurate the MAA and was a great correspondent at that time, especially with Davison. Fortunately he kept copies of much of his correspondence and the letters of other members, collected together in the Pink File which eventually he presented to the MAA. He studied art at the Edinburgh School of Fine Art, gaining a Diploma in Fine

Art in 1932 and a Teaching Endorsement in 1933, after which he took a teaching post. He became interested in medical art and was appointed to the post of Medical Artist to Edinburgh University in 1934. (fig.2.5)

He set up a department and a successful school of medical illustration which flourished from 1946 until 1960. It was approved by the University Authorities and listed in the University Calendar. In a letter to Miss Elizabeth Brödel,²¹ dated 28 December 1948,²² Shepley gives a detailed account of his training, career and details of the course of training in medical art which he was directing in Edinburgh:-

Dear Miss Brödel, Thank you for your letter of enquiry regarding the newly formed School of Medical Art in Edinburgh, and for the general interest expressed in our work here. I shall try to answer your questions to the best of my ability. To start at the beginning, I commenced my work as Medical Artist to the Department of Surgical Research, Edinburgh University, in the summer of 1934. I had a full Art College course of five years plus one year's training as a teacher. I had also spent about one year as Art Master in various schools. My knowledge of general anatomy was very superficial, such as is taught in any Art school; but by dint of hard work and much kind help from doctors and surgeons I managed to do my various tasks to their full satisfaction. At this time I was working very largely in monochrome wash or watercolour on Bristol Board.

Some time later - I think about two years - Miss Hester Thom²³ came over from Canada by the invitation of the late Sir David Wilkie and Mr Norman Dott. She demonstrated to me the Ross-board technique as originated by the celebrated Max Brödel - is he a relative of yours may I ask? I was greatly taken with its many advantages, and have used it ever since for all my half-tone work, both black and white and for colour work. We do a lot of colour drawings here of pathological specimens and suchlike. Miss Thom and I worked together for some months - about a year - and then she went to Mr Dott's own department in the Royal Infirmary as his personal artist. She left this country for a holiday shortly before war broke out, and was unable to return.

During the war our Art Department developed very rapidly, the scope of the work expanded greatly under war requirements - penicillin research, plastic surgery etc. I obtained and trained an assistant, since we had no medical art school. It occurred to me then that an extensive period of training is essential in such a highly specialised profession, and with the approval and assistance of Professor Learmonth I undertook the task of organising and running such a course. I knew by repute a number of medical artists in this country, and the work that they were doing. Like myself, they all appeared to have drifted into this work quite casually and without any training other

than a general art school one. Eighteen months ago we commenced a short course of six months' training for artists with professional experience; two students have graduated from this course with credit. This autumn the full three years' course of training commenced with four students. Owing to the present lack of proper teaching facilities I have had to restrict admissions to a maximum of four in any one year.²⁴

The course of which I enclose the general syllabus, is a fairly extensive one, but does not include photography; we have a separate department here for this, but no doubt facilities would be made available for any student who wished to study this on completion of the general course. The course is very largely practical - technique and use of materials - but an extensive grounding in Anatomy is also given, in the Anatomy Department of the University.

In the autumn of 1947, we were in communication with Miss M.T. Wishart of Toronto University, who is a member of your Association; details of the course were forwarded to her, and I have no doubt that this information will be available if you are in touch with her.

You ask about difficulties in obtaining materials etc. With regard to Ross-board,²⁵ at the outbreak of war I fortunately had a good stock which saw me through this difficult period, and afterwards I was still able to get some, but since I can only get it in The States, the currency problem is the big snag. Carbon pencils are my biggest worry, as they are still not available here, but I am hoping to get some in Eire. Good pastel colours also are not easy to get. Reproductions of illustrations in this country on the whole are very good, when one considers the difficulties under which printers and publishers generally are labouring - lack of good art paper etc. I generally obtain a proof of all illustrations, and any criticism I may make generally has careful consideration.

With regard to affiliation with your Association, I may say that we are in the throes of forming a British Association of Medical Artists at the present time, so until this takes a more concrete shape, this point might be held over. Personally, I would like to be considered for membership to the American Association also if this is possible. In Edinburgh, I feel rather isolated, and until fairly recently was quite out of touch with other medical artists, even in this country. This is another reason why I am so pleased to receive your letter. I shall be more than grateful if you will give me all the information you can regarding the courses of instruction in your country, conditions of work, salaries, appointments, and so on. If there are any details of the course here on which I have omitted to touch, will you please let me know. I shall be very pleased to let you have all the information I can.

I hope that you will continue to communicate with me on matters of mutual interest, and I trust to our mutual benefit. One further matter you mention is exchange Students; I am most interested, and would be glad to have fuller information.

Finally, may I repeat how pleased I am to hear from you, and with all good wishes for the coming year.

I am, Yours very sincerely,

Shepley became an active member of the MAA, especially in the early days. He was the first Honorary Vice-Chairman from 1949 until 1952 and was the first Editor of the MAA Newsletter, but only for the one year 1950, because of pressure of work.

Shepley visited the United States twice. In 1951 he attended a meeting of the Association of Medical Illustrators (AMI). He became a member and joined the International Liaison Committee in 1952. His second visit was in 1964 when he travelled to New York, San Francisco and on to the Medical Centre at Stanford University where he read a paper on 'The History of Medical Illustration'.²⁶ He travelled on to Chicago before returning to Scotland.

Shepley illustrated several text-books including:-

D. J. Cunningham's Textbook of Anatomy, 1966 and Bruce, Walmsley & Ross's Manual of Surgical Anatomy, 1964.

Also he was the author of an article 'The Development of Medical Illustration', in the Journal of Urology, 1951.

GABRIEL DONALD (1914-1997)

As a school-boy, both the professions of Art and Medicine interested him. However, when the time came to make a decision about his future career, it was Art that took precedence and in 1931, he climbed the steps of the famous building by Charles Rennie Mackintosh (1868-1928) and enrolled as a student of drawing and painting at Glasgow School of Art. The Scottish art schools demanded four years full-time study; in 1935 he graduated with distinction.

In those days of economic difficulties, as today, a 'safe' job was highly desirable and like most of his artist colleagues, he spent the next year in teacher training and further study to obtain the Art Teacher's Diploma of the Board of Education. He became an enthusiastic full-time teacher of Art at a Senior School in Glasgow, and but for

a chance meeting might have continued in that career. However, his sights were set, not on school teaching but on Higher Education in the training colleges and although he was well qualified in Art, he knew he would need another degree, to make his chances of an appointment secure.

... Before I began the course, which I was to take as an external student, I consulted an eminent eye specialist to have my vision checked. In the course of the consultation he asked what my profession was and when I told him that I was an artist he said, 'have you ever thought of doing medical art?' Far from thinking of doing any, I had never even heard of it. He went on to say that the new University Ophthalmic Department had just been opened at the Western Infirmary in Glasgow and would I like to come along and see what it was all about. ...²⁷

Once inside the hospital, ophthalmoscope in hand, he was 'hooked'. Out of the window went his second degree and every spare moment including weekends was spent drawing and painting ophthalmic conditions; he now had the two professions he had wanted in a unique combination. He was encouraged, from the start to work almost as a clinician; it was not good enough to produce the illustrations, he had to know what lay behind them and this satisfied the latent doctor in him. However, greater plans than his were afoot and at the beginning of 1940, he found himself learning to fly Tiger Moths as part of his elementary training in the Royal Air Force. At Cranwell, he achieved the rank of Flight Lieutenant. His experience made him especially suitable to be transferred to Mosquitoes and the ranks of the exclusive 'Oboe Pathfinders'. These were the pilots who, by high precision flying, marked the targets for the waves of Lancaster bombers which dropped special bombs on precisely selected targets.

... It was pretty sticky work sometimes, and my operational career finished with a spectacular flourish. In my last four days I wrote off completely three Mosquitoes (not really my fault - greatly assisted by the enemy), and on the final night, 2nd January 1945, my aircraft blew up over the Rhur and I made a spectacular descent from about seven and a half miles up in the air. I think it represents one of the longest delayed drops in the RAF as the parachute only opened in time to break my headlong fall. Another few seconds would have been too much.

Next day I was captured and put in solitary confinement and spent the rest of the war 'in the bag'. ...²⁸

After the war the prospect of returning to school teaching did not appeal to him and it was with a sense of liberation that he accepted the offer from the University of Glasgow to set-up a department to provide the illustrative needs of the Medical School. As he had a teaching background he was appointed, right from the beginning, to the lecturer grade, something some medical artists spent a long time trying to achieve, some without success.

It was in the early years of his appointment that he was visited by Davison. The first meeting of the MAA had taken place in 1949; so she invited him to attend the next one which was to be held in London in 1950.

... My first impression when I went to the meeting in London was not favourable. There seemed to be too much bickering and silly obstructive tactics, instead of getting on with the difficult task of persuading a group of highly individualistic artists to work together, - never an easy task, the Royal Academy had the same problem when it was founded, and in my usual direct Scottish way I got up and said precisely that. I expected to be flung out but to my surprise my sentiments seemed to find favour with the 'silent majority' and eventually I was elected Chairman of the Association and remained so until 1977. Maybe I overstayed my welcome, but a new association takes a long time to mature and it was less formal and organised than it is now. I think I fulfilled a useful and stabilising influence in the circumstances.

Over the years I had the honour and privilege of serving on the council of IMBI and taking part in seemingly endless discussions with the DHSS and the Professions Supplementary to Medicine. The mills of God might grind exceeding small but so too do public and professional bodies and all our labours over so many years seem to have made very little impression. But causes have to be championed no matter how long and protracted the battle, and others must now carry on the struggle. ...²⁹

Donald was an extremely enthusiastic ophthalmic artist; he did not do any training in medical art, but he experimented and finally worked out a technique for himself. He used watercolour with a brush and an air-brush on scraper-board to produce his bright and richly coloured fundus paintings. He used the same techniques to produce his endoscopic paintings and they too have the same

brilliance of colour. While Barber and her assistants were producing works of great fineness and delicacy, Donald's work on the same or similar subjects show a robustness and richer colour as well as a special glistening wetness. His ophthalmic work is rivalled only by that of Joy Brand (née Trotman) and Terrance Tarrant, both specialists who worked at the Institute of Ophthalmology and Moorfield's Eye Hospital in London. As the demand for his work increased, so his scope widened and he was soon involved in other branches of medicine and surgery, using line, half-tone, including Ross-board and of course colour. He illustrated books on surgery, ophthalmology and ultrasonic anatomy. (fig.2.6)

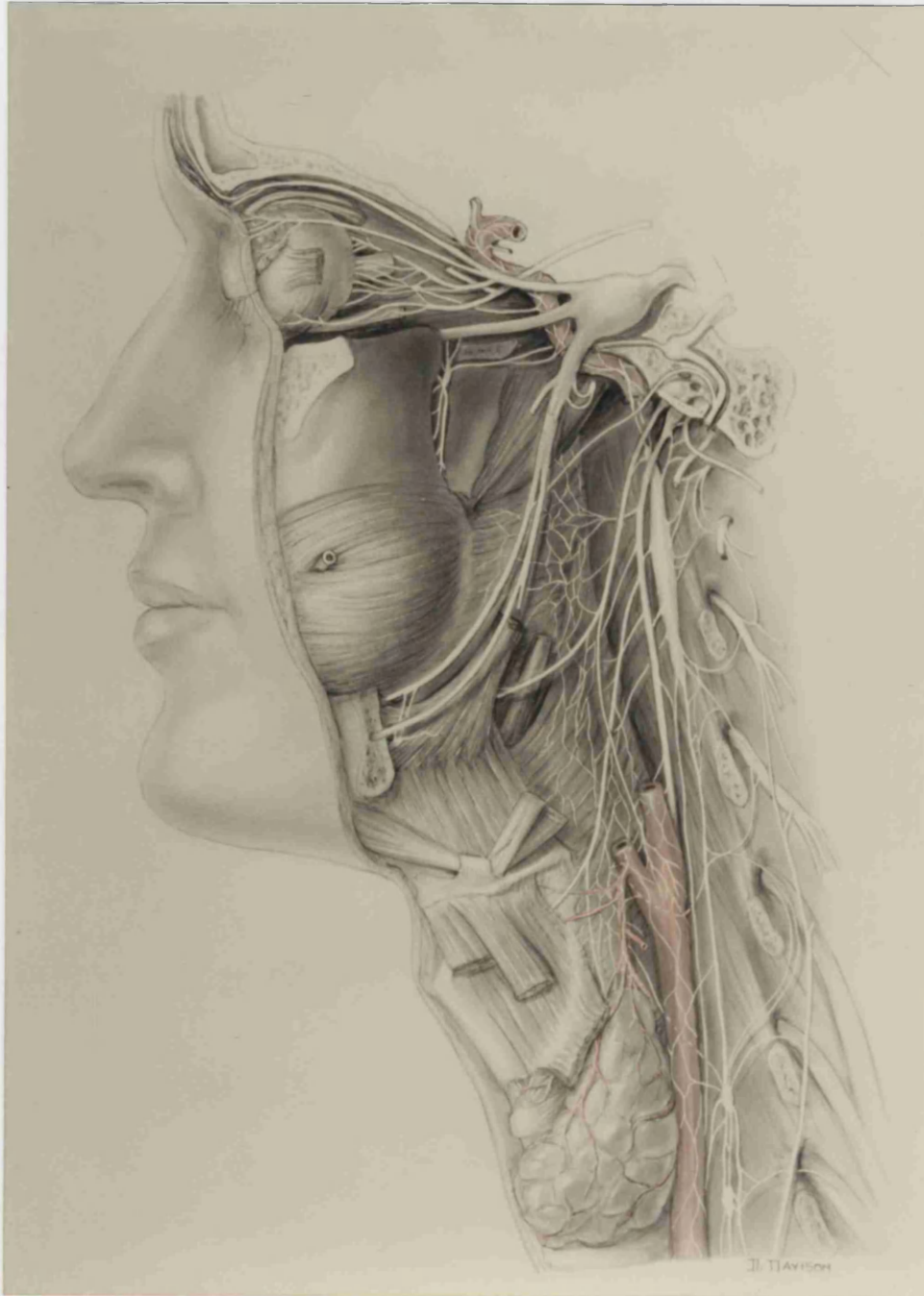
Being head of an illustration department which included photography, he wisely studied the subject himself and became an Associate of the Royal Photographic Society, (Medical Section). In 1946, when his department was opened, there was one photographer and himself on the staff, by the time he retired over thirty years later his department had grown to include eleven members, artists, photographers and chartists housed in the overcrowded Medical School. He was hoping for the promised new department in the re-development of the hospital, but owing to many postponements and changes of plan it did not materialise until after his retirement.

In 1958, Donald was awarded the Associateship of the Royal Photographic Society and in 1961 he gained the Gold Medal in the International Film Competition held in the University of Paris. He took the Chair at the First Meeting of IMBI in Manchester in 1968 and was elected Chairman in 1971-1972 and 1977-1978. In 1969, the MAA conferred on him the honour of Fellowship of the Association. Donald was the second medical artist to be awarded an MBE which he received on his retirement from the University in 1979. He had the satisfaction of seeing departments of medical illustration established and still thriving throughout the universities and the National Health Service. In 1982, IMBI conferred on him an Honorary

Fellowship and in 1988 he received IMBI's Norman Harrison Medal,³⁰ an award in the gift of the Chairman of the Institute. It would be no exaggeration to say that the MAA's survival and its present existence after forty-eight years is because of his Chairmanship of the Association over 26 years. His retirement from the MAA Chairmanship was marked at the 1977 Annual Dinner in Manchester by the presentation of a silver fruit dish. Donald remained on the Retired Members List until his death in 1997.

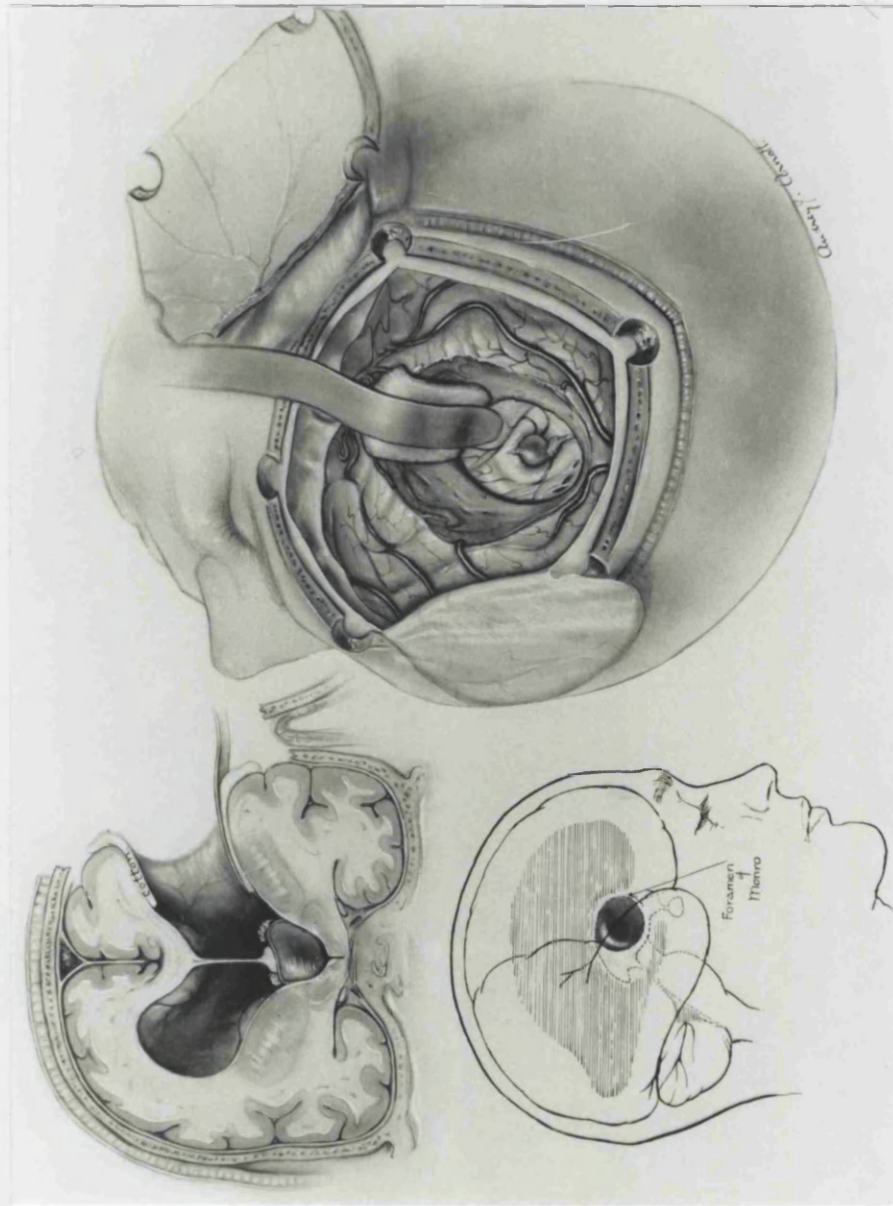


Portrait of Dorothy Davison, Founder of the Medical Artists' Association of Great Britain, 2 April 1949.
The MAA Archives.



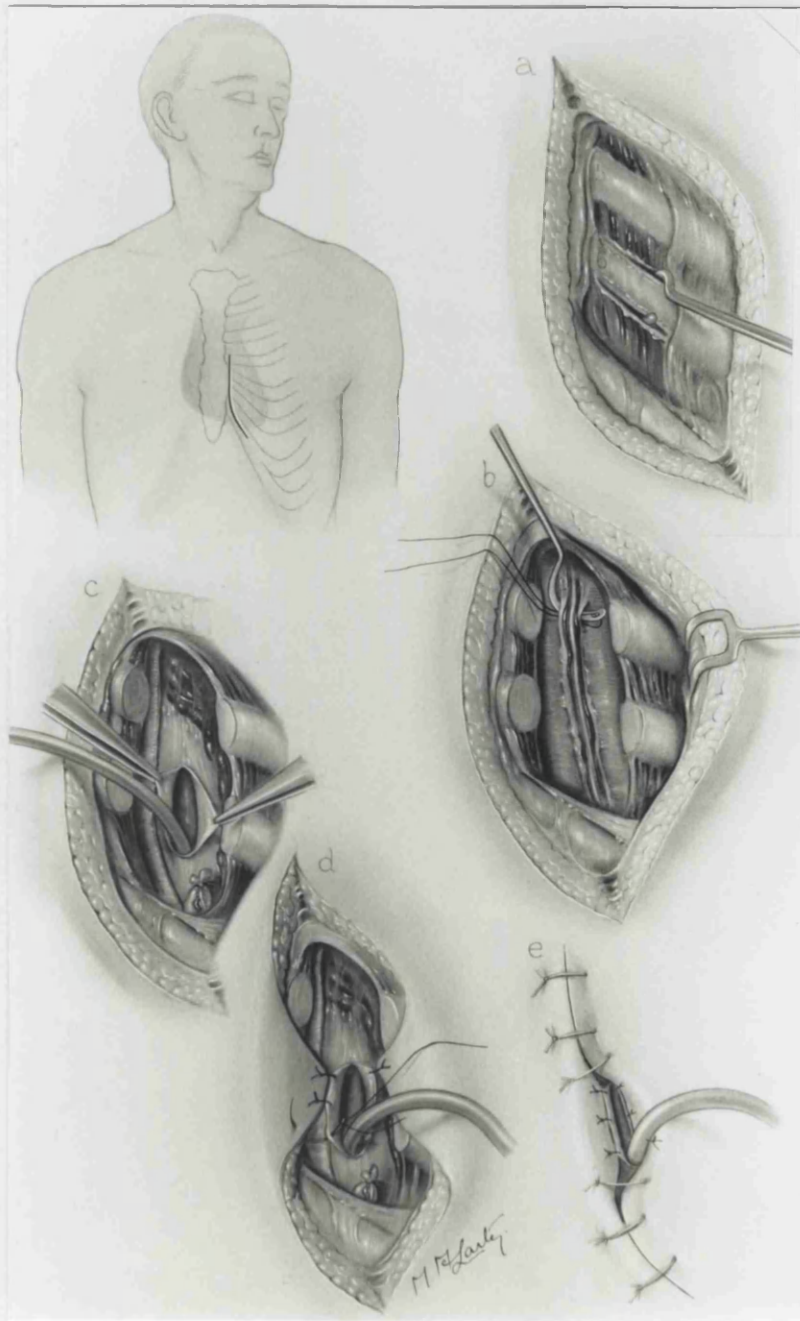
Ross-board drawing of the lateral view of the head and neck showing some of the cranial parasympathetic nerves and ganglion in the cervical portion of the sympathetic system by Davison for G. A. G. Mitchell's Cardiovascular Innervation.

By courtesy of Manchester University.



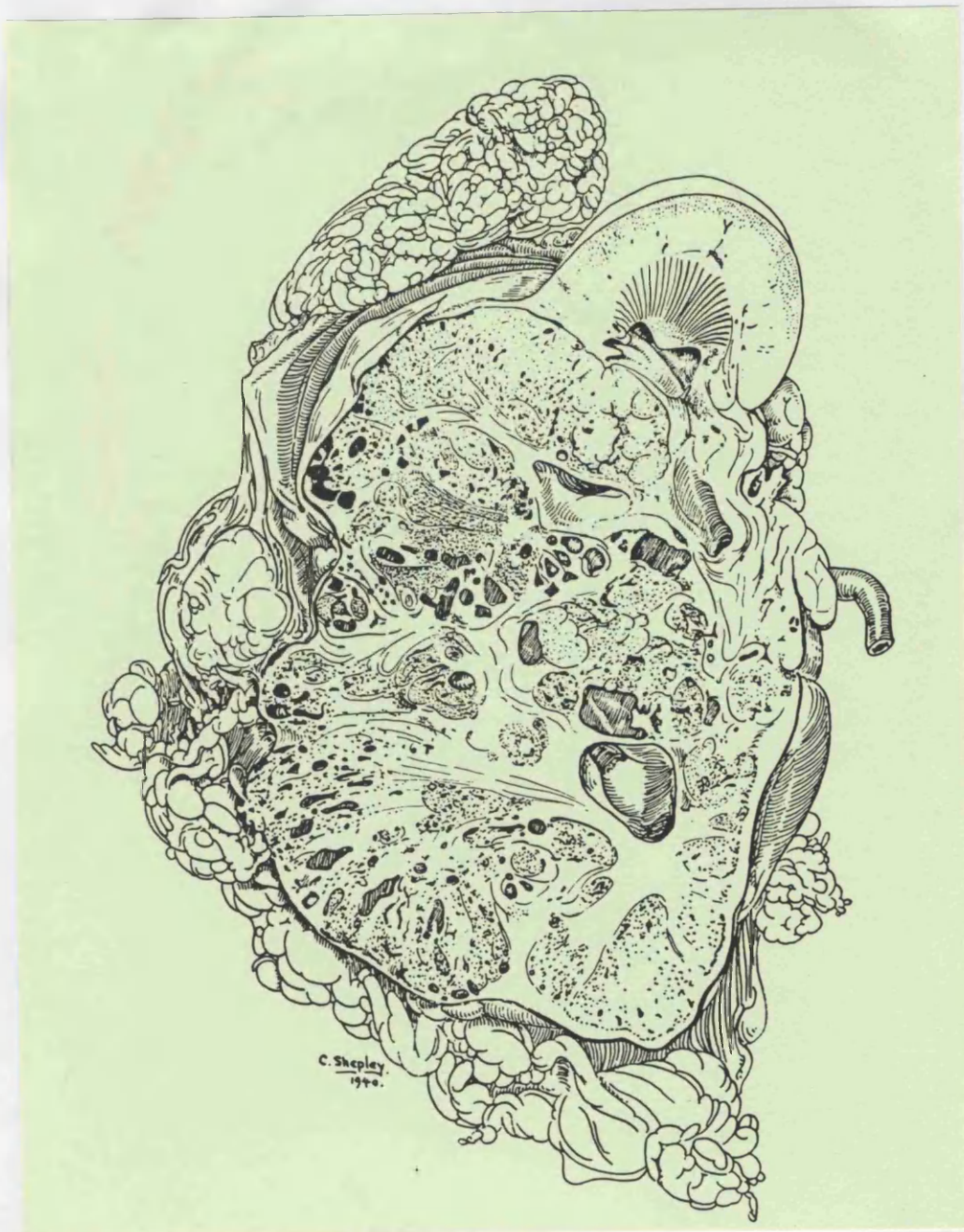
Ross-board drawing of a brain operation to expose a tumour in the foramen of Munro by Arnott for Professor Sir Hugh Cairns.

By courtesy of Oxford Medical Illustration, John Radcliffe Hospital, University of Oxford.

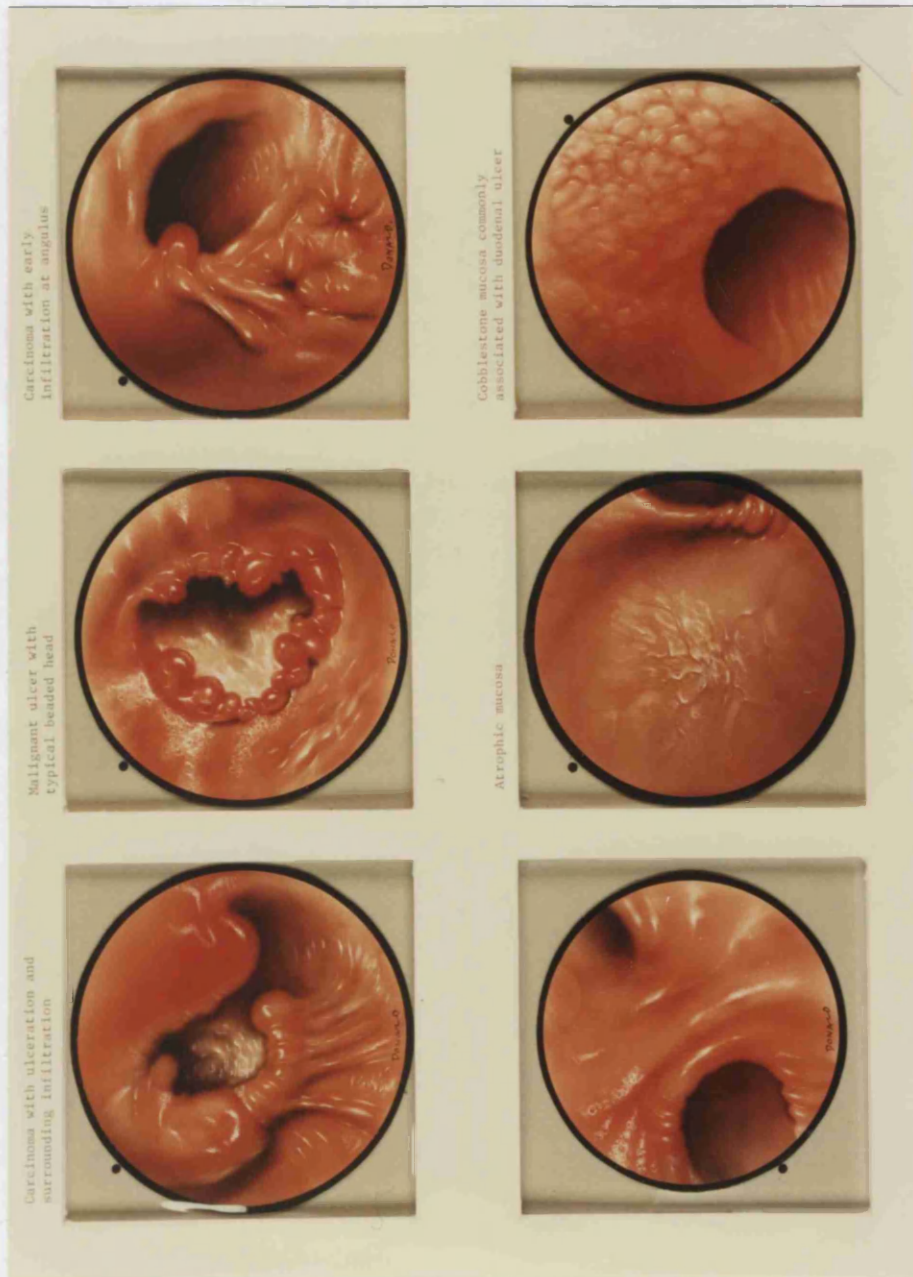


Ross-board drawing of the operation for drainage of the pericardium by McLarty for Hamilton Bailey's Surgery of Modern Warfare 1944.

By courtesy of Oxford Medical Illustration, John Radcliffe Hospital, University of Oxford.



Pen and ink drawing of a pathological specimen of a kidney by Shepley for his article, 'The Development of Medical Illustration', British Journal of Urology, 1951, no.23, pp.70-8, p.74.
The MAA Archives.



Endoscopic views showing pathological changes in the lining of the stomach as seen through a gastroscope, by Donald. Produced in a watercolour and air-brush technique. By courtesy of the artist and The Wellcome Institute Library.

FOOTNOTES

No.

1. Davison went on several archeological 'digs' and wrote a book on: Our Prehistoric Ancestors, London, Methuen & Co. Ltd., 1926.
2. Jean Perry, 'Dorothy Davison', from notes supplied by Dorothy Davison. Journal of Medical & Biological Illustration, 1971, vol. no.21 pp.27-32, p.27 & 32.
3. The Pink File was compiled by Shepley & consists of copies of his correspondence with Davison and others. It also contains copies of forms, drafts of the Constitution and other documents from 1948 until 1952.
4. Dorothy Davison, 1956. 'Medical Art in Holland', MAA News Letter no.10, June 1958, pp.2-6.
5. Mrs Blumenthal-Rothschild of Utrecht was working on anatomical and surgical drawings in Amsterdam before illustrating M. W. Woerdeman's Atlas of Human Anatomy, 1969. Later, she concentrated on films and became Director of the Scientific Film Institute in Holland.
6. Dorothy Davison,, 1961. 'Medical Artist Hunting in Scandinavia', MAA News Letter no.14, April 1961, pp.12-14.
7. Idem, 1962. 'Viennese Medical Artists', MAA News Letter no.17, November 1962, pp.3-7.
8. From information supplied by his daughter, Miss Brenda C. Kidd in 1996.
9. Letter no.PF/Lett.70b in the MAA Archives.
10. Letter no.PF/Lett.45 in the MAA Archives.
11. From the author's conversations with McLarty.
12. Ibid.
13. From the author's personal knowledge of the artist.
14. From the author's conversations with the artist.
15. Margaret McLarty, 'Profile of Margaret Mclarty', MAA News, April 1985, p.2.
16. From the author's conversations with the artist.
17. Margaret McLarty, Illustrating Medicine & Surgery, Edinburgh & London, E. & S. Livingstone, 1960.
18. Dorothy Davison, 'The Event of the Year', Extracts from reviews of Illustrating Medicine & Surgery by Margaret McLarty, MAA News Letter, no.14 April 1961, pp.5-12.

No.

19. Margaret McLarty, 'Profile of Margaret McLarty', MAA News, April 1985, p.2. and a lecture given at the 13th MAA Annual Conference held at the Royal College of Surgeons.
20. Idem, A Study of Medical Illustration in Britain, the United States & Canada from 1910-1960, B.Litt. thesis, University of Oxford, 1963.
21. Elizabeth Brödel, (1902-1986). Daughter of Max Brödel, also a medical artist, she worked at New York Hospital, 525 East 28th St., New York 21 NY, USA.
22. Letter no.PF/Lett.4, 28 December 1948, in the MAA Archives.
23. Hester Thom wanted to work in the UK to gain extra experience, she was able to take on McLarty's work in Edinburgh when the latter left Edinburgh for London.
24. The Edinburgh University six-month Course of Training commenced in 1946; the three year one in 1948. Graham, McNeill and Smith, all members of the MAA, were students at Edinburgh. Others trained by Shepley seem to have abandoned their careers in medical art.
25. Letter no.PF/Lett.11, 12 March 1949 Shepley to Tompsett, in the MAA Archives.

... With regard to the Ross-board, I am afraid I cannot help you greatly, since application for supplies was made through the University Office, and was out of my hands: but I imagine the request for an import permit should be made to the Board of Trade. The address of the manufacturers in The States and the trade description of the material is as follows:-

Messrs. F. Weber & Co., 1220 Buttonwood Street,
Philadelphia, 23 PA., U.S.A.

Ross-Board (++) Dull Finish.

It costs approximately 5/6d per sheet, 14"x11" (36x29cm.) including postage and duty. When working with it, it is essential to use only a good carbon pencil such as Wolff, or if colour is required, best quality wax - grease-free pastel. ...

26. Shepley's report on his 'Visit to the United States from 29 September to 19 October 1964', MAA News Letter, no.18, February 1966, pp.8-14.
27. From Donald's correspondence with the author.
28. Ibid.
29. Ibid.
30. The award of a medal given in memory of Norman Harrison, photographer at St Bartholomew's Hospital and a Founder Member of IMI. (formerly IMBI)

THE INITIATIVE OF DOROTHY DAVISON

In the late 1940s, there were at least forty medical artists, not all known to one another, practising in Great Britain. Of these artists, in this third group, nineteen were men and twenty-one were women. However, it was a woman, Dorothy Davison of Manchester who, not only thought of forming an association, but took action to put her ideas into practice.

From the beginning, Davison seems to have had four main aims when she first suggested forming an association:-

THE FIRST AIM was to raise the standard of medical art work in the country. She thought that this could be done by organising an exhibition of the best work and to show the medical profession and other artists interested in medical artwork, exactly what could be done.

THE SECOND AIM was to start a training scheme, which would make such an association worthwhile.

THE THIRD AIM was to encourage students and to assist members to help one another.

THE FOURTH AIM was to educate the medical profession itself, on the value of good work.

She wished to bring together, into a group, the best medical artists in the country, to encourage and maintain these aims. Although she was eager to gather enough potential members to form this élitist group, under her leadership, she really thought that only a few, including herself, were good enough to join. These were Arnott and McLarty of Oxford and Barber of the Central Middlesex Hospital. Of some medical artists she was extremely critical.

Davison's first action in her determination to form an association, was to visit the medical artists whom she knew were working in some of the London Hospitals. After

her travels she wrote the following to Shepley, the medical artist at Edinburgh University, on 11 October 1948.¹

... Last week I invaded London to discover what the position of medical art is and if possible found a medical artists' society. We want you to know everything and so I propose to give you a short account of what I saw and heard. Will you please treat the bits I underline as confidential, if I am not scalded already by the Guy's artist's tongues it is a wonder.

...

Davison knew that Shepley was interested in teaching. He had started his own six-month course of training for artists with some professional experience in 1947, and he intended to start a full three-year course, in that year, 1948. In this same letter, the first of several to pass between them in the following year, she wrote:-

... First I was amazed to find that London surgeons take work that my surgeons would not have looked at when I started & was as green as grass. The standard is deplorably low. That is not entirely the artists fault. Every London hospital has snatched at an artist and there are few worth having it seems. When I first went, a surgeon told me that there was more of my calibre in London, and I laughed. I don't now.

The next point is that dozens, if not hundreds of art students are wanting to do medical art & are trying to get "in" with surgeons (that's how some got hospital jobs). They are undercutting the price of work & still get little.

Unfortunately Anna Zinkeisen's broadcast has led people to think that there is a golden future for artists because she's the only one - so I am told. She persuaded the St Martins School of Art to start classes and went to lecture, she soon tired & dropped them. I talked to a depressed student. Now, thank goodness, the plan is given up. The work was awful.

Bartholomew's I saw Patterson Ross,² who was kind, helpful and interested & gave me the impression that he could be depended upon. I told him (and the others) that my suggestions were:-

1. An association to lift the standard by:-
 - a. holding an exhibition next year of the best & only the best in medical art. This would entail a selection com: meeting in London (for which we must have expenses or we cannot go). It should be the goal of every artist to get work shown - & a sign of good work.
The exhibition should be held at some big surgical meeting and if possible sent around the main big towns. Surgeons should make a point of seeing it so that they would know what could be done & to train them to recognise a good drawing (Scarff says they cannot be trained!).³
 - b. To formulate some elastic scheme for training medical

- artists. I proposed that people with good art sch. work (3yrs?) should go to several m. artists in turn spending a few months with each, so that they would be stimulated rather than trained to copy. The difficulty would be their anatomical training.
- c. I propose that hospitals should pay small salaries on the understanding that such students would spend one-third of their time doing the "donkey work" of the artist they worked under. Surgeons considered this feasible.
 - d. We should pool our resources as far as possible - just be helpful instead of catty - that's all.
2. The composition of the association is going to cause some headaches! Professor Aird's⁴ suggestion appeals to me & to the others. At first the Ass. should be called "The Hospital M. Artists' Ass." but that its first act should be to invite to membership the best freelance artists & that they, should be available for the committee. If anyone can join we shall be swamped with a poor class of artist - as it is things will be difficult.
 3. We should be affiliated to the American M. Artists' Ass: but certainly not be merely a branch.
 4. There is going to be a great deal of debate as to when an Ass: should take a Trade's Union tendency & tackle salaries etc. The Surgeons are strongly against it - they are all rich so it is easy for them to see only the possible evils! Still I don't care for the idea much. One thing I'm dead against & that is a rigid salary going with a particular job. It seemed awful to find real artists working for about the same salary as absolutely inartistic, inexperienced, low standard people. For example I should give Fay McLarty £1200+ the Guy's Girl £200!⁵ There is at least that much difference in their work. I do not know the Guy's girl salary but she seems satisfied...

Medical artists seem to have worked in some isolation before 1949. Before her visit to London and Oxford, Davison herself did not know many artists, other than the four protagonists she chose to help form the association. Her visit to London opened her eyes to the variations in the standard of work being done. She wrote graphically of her encounters with Helen Wilson, (Mrs Rosenfield); Sylvia Treadgold; Dorothy M. Barber; Elise Hewland; Mrs Mary Trew and Zita Stead (Mrs Blackburn). Davison described her visits to these artists in the same first letter to Shepley:-

... To return to Mr. Patterson Ross; he agreed with all this except the "Trades Union part" & said he'd try to help. Barts have spent so much money on a photographic dept: that

they can't afford an artist yet but it is merely a matter of time. He agrees that there will be less and less freelance work, & in London people like Maxwell have the ear of the surgeons...

She continues:-

Hammersmith P. Graduate Sch. Delightful Professor Aird proceeded to arrange things in two seconds - very well too - what a live wire! Miss Helen Wilson (married - widow? - one jolly little monkey of a girl of 12) is fine. She is a portrait painter needing f.S.D. to bring up her daughter. She works 4 days for a good salary - since she decided to accept the Middlesex job!! She can paint things she sees but has not had sufficient experience to reach the top of her form - only been at it 18 months. Her b. & white work is not so good, but she is delighted to know of Ross-board. She is the type I like - keen, intelligent & very ready to learn - & anxious to know other m. artists. Some day she will be excellent - she only needs experience. They are extraordinarily kind & helpful there - the surgeons I mean.

Guy's!!! I heard about Miss Treadgold from Miss Arnott. Miss T. had been over & did not take any work, in spite of being asked to do so. She showed no enthusiasm for theirs & was very cool & self assured. She is the youngest I met - in her twenties I should think ... She has a fine position "Head of the dept: of Med: Illustration" (I'm glad not "art"), two assistants, heaps of praise & according to her account everything she wants. I was dumb-founded & did not know what to say. Then I had an inspiration - I drenched her with sympathy - & thoroughly enjoyed myself. My sympathy was for the poor girl who had to do that type of work - I'd suffered from surgeons etc.: I understood. Oh my word I really became wound up. She was puzzled - very!

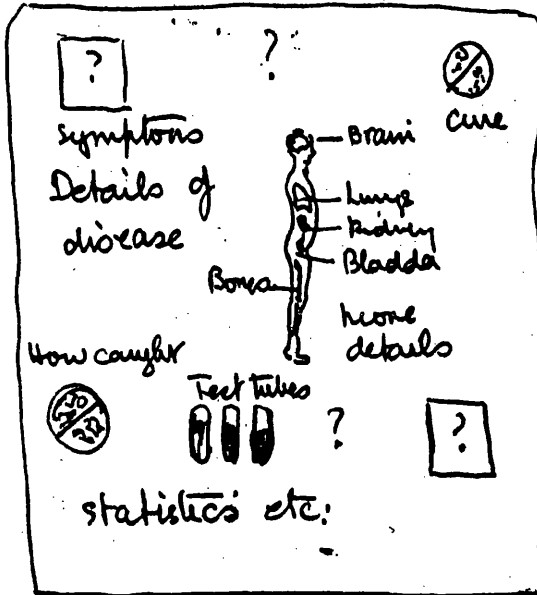
She said she hadn't any ordinary work to show me but by dint of much persuasion, show of disappointment I managed to see two very simple drawings of specimens on imitation Ross-board^e which were moderate & 3 sets of operation drawings which were terrible. When I first started & knew nothing I had to produce drawings that were far better than hers. Yet she says her doctors say they are just what they want. Again I was all sympathy "Part of our mission is to educate surgeons", and undoubtedly it is - London surgeons!

Most of the work at Guy's is for film strips & visual aids. The latter are cleverly conceived & all the credit goes to the surgeon who planned them.

Each set consists of a poster board with various poster-like "things" (I won't call them pictures) on it & a great deal of stencilled printing. Grouped around this board are real specimens of the disease illustrated. I only saw one complete set. It was on T.B. & I cannot remember all the details but it was something like this:-

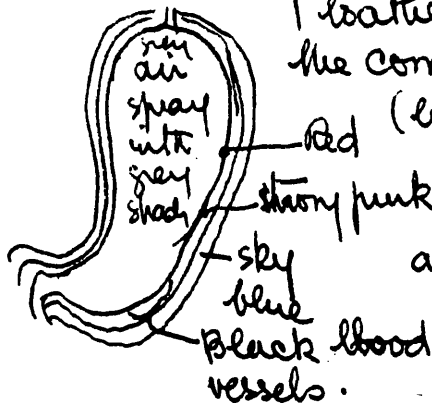
Copy of Dorothy Davison's sketch.

it was something like this.



I can't remember what was in the spaces marked? but in "Cure" good food child in open air - I think.
 "How caught" Grammy with T.B. kissing baby lots of children sleeping together.
 the figure

drawing was childish & the rest just very ordinary commercial art nearly all done with an air spray & violent poster colours. The colours gave me goose flesh. I quite realize that this type of thing will become general. How are we to make it decent. I ~~can~~ ^{say} a stomach



I loathed the crude color, the combination of grey (like a photo exactly) & the lumpy modelling done with an air spray which suggested that the "artist" had no idea what the

She continued:-

... convolutions of a stomach were like. The whole was very large so that the various layers were in proportion - I've drawn them broad just to show what I mean. This work is not in my line & on the whole I think hospitals should employ a junior commercial artist if they want it. Even so need it be so ugly? Could any of us evolve an equally arresting poster that would have the merits of a good commercial poster. If anyone could it would be a real service to our art. If not Miss T's work will spread like wild fire. London surgeons are charmed with the idea & don't see the bad work. Miss Treadgold has been here - asked why she didn't come to see me - " Didn't know you were there".

Middlesex Central (miles out!) a perfect contrast. Two artists - real live ones - both 5 yrs at Academy schools - exhibit. Both ladies - what a relief. Both anxious to learn anything. Both very willing to show me everything - tho' it was the one place I went to without notice. Miss Barber (chief) is doing mostly brain work. It would not suit Mr Jefferson at all. It is all so small & faint that I could hardly make out what some of the operations were. She was delighted to know of Ross-board. her work is sensitive &, I expect correct, but stumped pencil does not lend itself to brain work, I think. Her other work is chiefly gastroscopic views & they were just perfect. Both artists do them well but the second (forget her name, it begins with H!),⁷ does all her colour work in oils & effectively too. I don't think she can get quite the glow that water-colour gives. Miss Barber is another who drifted into it during the war & she too feels her isolation & wants to meet other artists & learn from them. She has a lovely time - treated like a surgeon - shares the surgeon's sitting-room - is down only 2 days a week unless sent for but works at home when and how she likes - no hours. In fact they ask her what she would like to do.

Middlesex (the original) Mrs. Trew "the Duchess", expensive, talkative (Oh!), well dressed, attractive - my age but looks younger, has known every surgeon - & been to dinner with most. Got herself to the front line casualty stations during the war - work exhibited the results - recommendations from "simply every surgeon who counts" & yet couldn't get more than 1 drawing a fortnight as freelance!!!! Oh, I had forgotten that you had a dose of her! a few days before I saw her. Patterson Ross (Barts) who is on the committee for Butterworth's book told me that she had been sacked because no-one would have her. She told me she simply couldn't stand the firm, greedy, money grabbers & she threw it up!!! I gasped! She also told me that Middlesex were so long confirmng her appointment that at last she said "I have a really excellent offer from elsewhere & I shall take it if you don't accept me now!! And they did. I expect your thoughts agree with mine. I know Helen Wilson refused it 6 months ago.

I was puzzled by the considerable amount of work she showed me. All was better than Guy's, none really very good, & much neat & correct but dead & flat. A sheet of cystoscopic paintings she has done recently for an Edinburgh man was quite good, but two

were surprisingly like two in J. B. MacAlpine's book.^e I've looked them up & there is no doubt, odd. The very few operation drawings she showed were very poor indeed - very. I had fun with her and Professor Scarff, she told me the story of her life with great gusto & conviction, but I did not receive it as it was given. She was drawing before me & has done much more & known everybody, who could help. Why is she not better?

Prof. Scarff is a dry stick & I am not sure that he was not enjoying a little light recreation by winding me up!

He argued that doctors didn't bother about good drawings - why should they? I asked him why he bothered about a clean lab. & well cut slides etc: He thought that was fine fun and slew me - so he thought. Then I said "why dress properly & not trollop round in dressing gowns!" I have a strong opinion that he would help us - particularly after I told him I'd like to educate him - "aren't you glad I can't". Still I do think he threw a light on an attitude prevalent in London. As I said "Thank goodness I was educated by Manchester surgeons".

Mrs. Blackburn = Zita Stead The climax of medical art - her estimation. She's awfully nice & friendly & anxious to help. She can talk like ten people at once & she & Mrs. Trew could easily talk a meeting away. Zita is married & does about 3 half days drawing a week but she refuses heaps & heaps & heaps of work. She did 5 years Academy Schs. - 3 yrs Anatomy & Histology - 2 yrs teaching art & was the 1st woman (medical) artist in London - Barts & University College with Wolland. I guess you know her style.

Surgeons adore it & so does the medical press. She knows anatomy like a professor - calls Ross-board photographic. She uses an air brush on Scraper-board & I can't stand her style. It looks worse on the originals than in books. Still she can draw if she wants to - she only wants scientific accuracy & clarity. She is the most likely person to be Sec: for our Ass: - has time & boundless energy, but could also dominate. She was very nice with me & I told her I did not like her method. And thats all!!

As I said I feel you ought to know all I know.

Oh there is one point you won't like - all of us (excluding the two T's who don't count) think that an art school training is essential - most say 3 years.

Professor Aird will not believe that you take students without it. He says he was on the committee & that it was settled then - every student must have 3 years art school training!

Everyone says that few students from England could afford to go to Edinburgh for 3 yrs. I suggest, & they agree, that competent artists should take a student for periods - 3-6 months? then he or she should move on to another artist. the snag is only the Oxford girls & myself are up to the standard! Don't repeat that. There may be others, but no surgeon can tell me of them. I'd be glad to find them. Zita Stead, of course, could teach anatomy & operation technique, perfectly. It would be a good thing if we could teach the thing we can do best! We all agree that it would be well for a student to work with several artists.

If I may say so I think you would be wise not to encourage many people to go in for medical art. In England the prospects seem to be very poor. I think I said that almost every artist is

training a student in London. I hope you won't be tired of reading these somewhat scappy notes & that you will let me know what you think of our vague plans.

I wonder if Mr. Smith^p got the Belfast job. The last I heard of him he asked me to act as referee. I don't think he is up to standard to work on his own, do you.

I have asked if hospitals would give small salaries for a year or so to people like him to act as junior assistants - do the simple work for an artist & learn at the same time. The surgeons I saw thought it possible - it is done in some places. I wonder how many pupils you are starting with - it was 4 last time I heard. ...

Shepley was in agreement with Davison about forming an association to raise standards, but could foresee problems, particularly when one group of artists had to judge the standard of the work of others who wished to qualify for membership. Shepley's reply is undated but was probably written sometime between 14 and 27 October 1948¹⁰:-

I was very interested to receive your letter. Please excuse my delay in replying. There is so much in your letter that I felt the need for time to digest fully its contents. Some bits I find a little tough, with other parts I find myself in complete agreement.

It would be an admirable thing if Medical Artists, as such, could form an independent association. It would do so much to raise the general standard of medical illustration; it should be possible to set a certain standard of proficiency before admission to membership of the body was granted. This latter might be a difficult problem at the outset, since, as I see it, a committee would require to be set up, to examine and pass an opinion upon the work and abilities of prospective members. This would be a big snag, since who is going to elect such a committee, and, when set up, will all medical artists accept their ruling? If it is possible to overcome this difficulty, and to assemble a committee whose word and opinions carry weight in matters relating to our profession, then I think that your difficulties in the formation of this organisation will be more than half solved.

With regard to the scheme for training prospective medical artists I have certain doubts. In the first place a person with a full art school training will not necessarily become a good medical artist - you know that from your own experience. I agree that a certain grounding in general art and the use of the various media is essential. In our School of Medical Illustration in Edinburgh, I accept candidates only after personal interview, and when I have measured evidence of their artistic capabilities. As you know, our accommodation at present is very limited, so this necessitates fixing a fairly high standard at the outset. No specific period of Art School training, however is demanded, so long as the candidate can produce evidence of general artistic ability. A graduate holding an art diploma and with fixed ideas about his or her capabilities is going to be a very difficult person to instruct

in the minute and painstaking requirements of medical illustration.

This brings me to a further point. Who is going to specify those artists - already practising - who are capable of giving the necessary instruction and training? It is not sufficient that the instructor is experienced and capable in his profession; he must also be able to impart that knowledge and experience to those in his charge. So far as I know I am the only medical artist in this country to hold a full teaching degree in addition to a five-years' art diploma and fourteen years' experience in medical illustration. We have every facility in Edinburgh for the fullest instruction in all branches of medical art, and in the course as now arranged we are working in the fullest accord with the Anatomy Department of the University, thanks to the kindness of Professor Brash'' and his colleagues. The theatres in the Royal Infirmary are available for instruction in operative technique, and there are facilities for the study of highly specialised subjects such as cystoscopy, bronchoscopy, micro-drawing, etc. Later, I hope to be able to introduce a course in wax and plaster preparations so useful in recording results in plastic surgery. I doubt whether the scheme of sending trainees from place to place at relatively short intervals would be very successful. I should imagine that it would have an unsettling tendency. Certainly you will find one or two people emerging successfully from such a course of training; they would probably do so no matter what form the training took.

Shepley obviously did not wish to become too much involved with Davison's personal opinions and remarks about the London medical artists. The following paragraph from the draft of Shepley's letter is encircled and marked with crosses, which may mean that he left this part out of his actual letter:-

... I am not in a position to question your remarks about medical artists now practising. I must say, however, that I agree that Miss McLarty, Miss Arnott, and, of course, yourself are outstanding. Mr Maxwell I have met once, and I know his work, for which I have never cared. Mr Matthews, of Edinburgh - I think you met him during your visit to Edinburgh - does good work, pleasing and anatomically accurate, of the others - with the exception of Mrs Drew (formerly of Butterworths), [Mrs Trew] - I know little and do not feel qualified to pass an opinion. I had the pleasure of Mrs Drew's company here for about a week while she was working on some illustrations for an article to be published by Butterworth. All were copied - shall we say modified? - and some were from line drawings previously prepared by myself. I later saw the completed drawings and proofs, and they were very poor indeed both technically and in detail...

He continues:-

To summarise my feeling in the matter, I agree that an association of some kind, to formulate a definite standard of

proficiency, and later to act as a negotiating body in the matter of conditions of employment, salaries etc., is desirable if we are to improve the standard of medical illustration in this country. I do not altogether agree with your proposed scheme of training. In my opinion a centralized training unit such as we have in Edinburgh has many advantages; we have facilities for instruction in all the varied branches of medical illustration, and at the same time the curriculum is sufficiently elastic to allow ample scope for the students' own initiative. I try not to be dogmatic in the treatment of the various techniques, but lay emphasis rather upon the essential requirements of good illustration, i.e. accurate observation combined with clarity of presentation, thus allowing the student to utilize his own methods in attaining this goal. Like you, I do not care for people who merely copy and put nothing of their own into their work. I do not, however, understand your objection to a centralised course of training. It seems to me that the results will depend very largely upon the instructors and their methods of imparting what knowledge they have.

In the matter of affiliation to the American Medical Artists' Association should I think, be left over to some future date when the proposed association is fully established, and its opinions and proposals can carry more weight. I have previously been in communication with Miss Wishart, Secretary of the American Association, about other matters, and it should be simple enough to approach her when the time is ripe. I have some contacts with the Canadian Schools also which may prove useful.

On the whole I am delighted to learn of the scheme, and if I can help in any way I shall be glad to do so, providing it does not clash with my present responsibilities in the Edinburgh Medical Art School. I wish you every success in your efforts.

With reference to Davison's first letter, there is no evidence that, "dozens or rather hundreds of students" were trying to get into medical art. It was a comparatively unknown form of art among students at that time and was quite an exceptional branch of art to enter as a career. There were a large number of enquiries soon after the inauguration of the Association and the first exhibition when the profession was brought to the public eye. Even today, in spite of more publicity for the profession and a number of courses at polytechnics, such as the Middlesex, now Middlesex University, which offer some preliminary training in their Scientific Illustration Course, the number of enquiries from students and others amounts on the average to no more than 70 annually and of those only a very few apply to take the course. Her remark was probably an exaggeration to emphasize the importance

of the Association having its own training programme apart from the Edinburgh Course.

Davison obviously felt very strongly that some doctors, particularly young doctors and London surgeons, were not up to the standard of 'her' Manchester doctors and surgeons in appreciating good artwork and she believed that it was part of the medical artists job to educate medical men and women by doing work of a higher standard than they might ordinarily accept. It is as true today as it was then, that some medical men do not appreciate the artwork, and are only concerned that the drawing 'works', that is, it conveys the information required.

Davison was quick to criticize work which did not fit into her type or style of work and her criticism could be very damning. An obvious instance was after her encounter with Treadgold at Guy's Hospital. Treadgold was much more of a commercial artist with a penchant for cartoon work which she used with great effect in many of the booklets and pamphlets produced at the hospital. She was a pioneer of the medical exhibit and poster for teaching purposes. For this and her cartoon work she had many admirers in the medical profession, but it was something new and quite outside Davison's scope of medical art, which was mainly anatomical and surgical. She obviously did not fully appreciate the growing need for this type of work, and therefore, felt obliged to condemn it.

Although Davison did not like Blackburn, she did see her potential as the possible secretary of the association and also she recognised her knowledge, especially in anatomy, and realised that she could be a great asset in any training scheme.

She mentioned employing junior artists for the more commercial type of work. Today, a number of hospitals and health-care departments employ graphic artists mainly to produce posters, pamphlets and displays for patient instruction, which do not require much, if any, anatomical or medical knowledge. It has been suggested from time to

time, that some larger departments should employ such artists as well as fully trained medical artists, but this does not seem to have been very popular. Very few graphic artists have tried to cross the barrier into medical art. There has been little incentive while they have been placed on the same salary scales as the qualified medical artist, without further study or acquiring higher qualifications.

Until recent years and the use of the computer, it was an advantage to keep medical chartists in departments where they could assist the medical artists with poster work. By producing the text and the statistical work, the chartists gave the artists an opportunity to have a break from his or her detailed work to do some creative design, and it gave the chartists a break from small black and white work to do larger colour work for display purposes.

LIST OF MEDICAL ARTISTS WORKING IN LONDON HOSPITALS

AND MEDICAL SCHOOLS WHO WERE VISITED BY

DOROTHY DAVISON IN 1948

16. HELEN WILSON (1903-1971) Hammersmith Postgraduate
(Mrs Rosenfield) Medical School.
17. SYLVIA TREADGOLD (1918-1987) Guy's Hospital Medical
School.
18. DOROTHY M. BARBER (1905-1997) Central Middlesex
Hospital.
19. ELISE HEWLAND Central Middlesex Hospital.
20. Mrs MARY TREW The Middlesex Hospital.
21. ZITA STEAD St Bartholomew's and
(Mrs Blackburn) University College
Hospitals.

Artist mentioned but not visited by Dorothy Davison

22. ANNA ZINKEISEN (1902-1976) St Mary's Hospital.
(Mrs Guy Heseltine)
-

HELEN MARY GRAHAM WILSON (1903-1971)
(Mrs Rosenfield)

She was really a portrait painter who took up medical work for financial reasons. Wilson was thought to be either widowed or divorced and had a daughter who was twelve years old in 1948. She was employed four days a week at the Hammersmith Postgraduate Medical School at the time that Davison visited her in 1948.

When Davison met her she thought that Wilson had been doing medical work for a short time - "only been at it 18 months", in fact she had been doing it for fourteen years.

She became a Founder Member of the MAA at the Second Meeting in London in 1950, but does not seem to have taken an active part in the Association. The last time she attended an AGM was on the 16th April 1955. There is no mention of her after 1956.

She made a copy of a painting of Sir Henry Dale, (Scientist & Nobel Prize Winner) by Sir James Gunn RA, for the Wellcome Institute Library.

SYLVIA TREADGOLD (1918-1987)

She received private tuition in drawing and painting and was also a qualified radiographer. Treadgold began her career in the Diagnostic Radiology Department at Guy's Hospital, London, shortly after the end of World War II, where she made facsimile prints of X-rays for patients' notes and publication. This led to a great demand for clinical pictures and slides which gradually overwhelmed her radiographic work. She was given the opportunity to set up a new department of Medical Photography and recruited, as an assistant, Patricia Turnbull, also a radiographer, later to become the Senior Medical Photographer at the Charing Cross Hospital.

Being an artist, she was able to take on the many requests for drawings and graphs. The graphics side of her work grew to excessive proportions, so it became necessary to

establish yet another department, that of Medical Illustration - an art department, run by herself, while Charles Engel, her Senior Photographer at the time, became Head of the Department of Medical Photography.

... Although a competent artist in the traditional sense there was nothing conventional about her approach to medical illustration, the commercial design influence was very strong. Indeed it was probably this lack of convention that made for her early uncomfortable relationship with the MAA. She was rejected for Founder membership but in 1961 she was persuaded to accept membership by invitation and helped to establish the MAA's official training scheme to which she contributed a great deal. ...¹²

Her drawings were simple in style and she favoured the cartoon-type drawing which could be very lively and extremely 'telling'. Some medical men like this type of teaching aid and encouraged her. A. E. Clark-Kennedy's book, Patients As People, contains some typical examples of her work. She produced her own book, Basic Human Embryology, published by Pitman in 1966, following the work she did for Professor Peter Williams and his book, Human Embryology. (fig.3.2)

Sylvia Treadgold was a pioneer in the development of teaching exhibitions, displays and filmstrips. To the early volumes of the Journal of Medical and Biological Illustration, (JAMM) she contributed articles on types of paper, boards, adhesives, mounting techniques, typography and planning a medical exhibit.¹³ She was always keen to try new materials and equipment and was the first medical artist to purchase an IBM electric executive typewriter in the early 1950s, in an effort to speed up the production of graphs and lettering for slides.

Treadgold visited America in 1961 and attended the 16th Annual Meeting of the Association of Medical Illustrators, held in Rochester, Minnesota. Both she and McLarty, who was also a guest, read papers on the status of the medical illustrator. She was invited to become a member of the MAA in 1961 when the Training Scheme was being organised and withdrew in 1968. In the same year she became a Founder Member of the Institute of Medical and Biological

Illustration (now IMI). She retired from Guy's in 1964 after some disagreement concerning her wish to spend some Medical School time on her own projects. In 1966, she worked on an exhibition on evolution at Down House, Downe, Kent¹⁴ commissioned by the Royal College of Surgeons, by way of Professor Sir Hedley Atkins, who was President at the time. In retirement she continued to work on a part-time basis at Addenbrooke's Hospital, Cambridge, as well as doing other freelance work.

DOROTHY MARY BARBER (1905-1997)

The Central Middlesex Hospital and its medical staff played a significant part in furthering the future employment of medical artists in hospitals throughout the country. Some of the most talented of the profession of the second half of the 20th century trained there.

... The first illustration made in the hospital was in 1930 of an abscess of the kidney, removed by Mr Illyd James and painted by W. Thornton Shiells for a fee of five guineas.

... In the Second World War the scarcity of photographic materials and of preservatives such as glycerine threatened the hospital with the loss of much material invaluable for records and teaching. ...¹⁵

Sir Francis Avery Jones (1910-1998) recalled:-

... A few gastroscopy paintings were undertaken in 1940 by the chest physician, Dr V. C. Robinson¹⁶ for Dr Avery Jones, but it was only with the arrival of Miss Dorothy Barber, in 1941 to undertake freelance work that a Department of Medical Art really began, her services becoming much in demand by the Surgical, Paediatric, Medical and Gastroenterology Departments. Miss Barber had studied at the St Johns Wood School of Art and the Royal Academy Schools before the war. She had started working as a Land-girl, with the hope that she could find some use for her art during the war. On hearing about this Dr Avery Jones offered to help her become a medical artist at the busy Central Middlesex Hospital where medical students were sent from the Middlesex Hospital for part of their training. Later she was given a part-time appointment under the Middlesex County Medical Service ...

Her appointment (1941) was one of the first of its kind in the country. She was released from the Land Army to work at the Central Middlesex and Hillingdon County Hospitals. In these early days at the Central she had neither a studio nor even a place to store her apparatus and this caused her much unnecessary carrying to and fro. She worked in the out-patient plaster-room and then in the library until 1948, when a well-

lit quiet studio was made on the upper floor of the old workhouse store at the front gate. ...¹⁷

Dorothy M. Barber, more often known as Mary Barber, was required to produce realistic paintings of fresh specimens and pathological conditions as seen through an endoscope. Her competent paintings, mainly of the organs of the alimentary system, meant that a permanent record was kept of the very fast-fading and disintergrating organs and the fleeting glimpses of the inside of the stomach or colon and rectum, which were invaluable for teaching purposes. (fig.3.3)

Dr (Sir Francis) Avery Jones had acquired one of the first semi-flexible Wolf-Schindler gastroscopes. This was remarkably easy and safe to pass unlike some other models, and therefore extended the field of view. Fortunately today, full flexibility and a complete view can be provided by the fibreglass instruments. It was long before intraluminal photography began and Miss Barber was undertaking pioneer work.¹⁸ Dorothy Barber's delicate draughtsmanship and the masterly and sensitive way with which she handled her media to produce the form with its glistening tissues and textures, make her paintings, even though they may be of unpleasant subjects, works of great merit and beauty and on which she must have greatly enjoyed working.

As Barber's work increased it was decided to employ an assistant. The post required previous experience in figure drawing and painting and of the eight artists who successively occupied the post during Barber's time there, five became medical artists to other large teaching hospitals, one took over when she retired and two became freelance artists. Barber's department was one of the first and one of the most important centres for training medical artists, until she retired, and where she set an extremely high standard of work, especially in the art of water-colour painting.

The paintings of specimens and endoscopic views produced in this department are some of the very best that have ever been produced and many of them form the collection, started by Avery Jones, some fifty years ago. He presented his unique collection to the Medical Artists' Association in 1989 and it is housed in the MAA's Archives at Barber-Surgeons' Hall in London. Some of the surgical paintings produced for him are in the library of the Royal College of Surgeons in Lincoln's Inn Fields.

The illustrations produced in this Art Department gradually covered almost every specialty in the hospital and have been extensively used for teaching in the form of slides for lectures; the originals for demonstrations and the prints for textbooks and journals.

In her appreciation at the time, on the retirement of Barber, Wadsworth wrote in the MAA News Letter:-¹⁹

Miss Dorothy M. Barber, a founder member of the Medical Artists' Association, retired this August after twenty-two years as Senior Medical Artist at the Central Middlesex Hospital. Miss Barber had a distinguished record as a landscape and portrait painter before turning to medical art during the war. She trained at the St John's Wood Art School and the Royal Academy Schools, and received five scholarships including the British Institution and Landseer scholarships. She also received the Bronze Armatage medal and exhibited at the Royal Academy in 1933, 1944 and 1952, as well as many other galleries in the provinces.

It would be superfluous to speak of her medical illustration, which is so well known to all of us, but perhaps it is as a teacher that she leaves the biggest gap in our association. Eight of our members received their training at the Central Middlesex Hospital, a high proportion of so small a group, and, speaking as one of them, I shall always be grateful for this valuable start. Miss Barber's methods had a straight-forward efficiency with which she combined a somewhat less easily defined quality which I can only describe as teaching one "how to cope"- an indispensable asset at the beginning of a career where one is surrounded by people who do not understand the technical problems involved. Miss Barber's criticism was always constructive and she was never too busy to interview a "would-be" medical artist.

A Department of Medical Photography was established at the Central Middlesex Hospital in 1948. As colour photography progressed and improved, the photographers gradually took over the specimen work from the artists mainly because

photography was so much quicker. Unfortunately, in some ways, it is highly unlikely that artists will ever be asked to do this type of work again. Barber remained on the List of Retired Members of the MAA until her death.

ELISE HEWLAND

She was Barber's student and assistant over the period 1944 to 1945. After training she left to become the Senior Medical Artist at the Middlesex Hospital in Central London. Hewland produced very many surgical and specimen drawings in colour, experimenting with crayons on Ross-board and working in oil-colour on canvas board. (fig.3.4)

Davison wrote of her in the MAA News Letter.²⁰

It came as a great shock to know that Miss Hewland was retiring at the height of her career as a medical artist but when one remembers her record before she took up medical art one cannot wonder that she wants to carry on where she left off when she joined our profession. She trained at the Sheffield College of Art and at the Royal Academy Schools where she won four silver medals and one bronze medal for drawing, painting and composition. Before long she was exhibiting at the Royal Academy, the Leicester Galleries and in the War Artists Exhibition. Her pictures also appeared in Exhibitions in Eastbourne, Hull, Manchester, Brighton and Glasgow. During the war she became an official war artist and five of her pictures are in the National Collection of War Pictures. Reproductions of her paintings have appeared in the Studio, Britain in Pictures (Women's Institutes) and in War through Artists' Eyes by Eric Newton. Besides all this serious work she wrote and illustrated two children's books Fun on the Farm, and Laddie Labrador.

It is a pity that members have not seen Miss Hewland's pictures for their own pleasure and to realise how much skill and varied experience lie behind her medical drawing. If only we could attract such artists to our ranks now!

Her beautiful medical work is too well known to need comment but few people know how cheerfully she undertook dull routine jobs. At Middlesex Hospital she has laid down a tradition of skill, service and integrity that must be an inspiration to whoever takes her place.

Hewland was a Founder Member of the Association, exhibited in the 1952 Exhibition and was the fourth Honorary Treasurer from 1955 until 1961. She remained a Member of the Association until she retired from her post at the

Middlesex Hospital in 1962. Richard Neave trained and worked with her from 1957 until 1959.

After the Association's break with the Royal College of Surgeons in 1957,²¹ Council Meetings were held at the Middlesex Hospital during the time Hewland held the office of Honorary Treasurer.

Mrs MARY TREW

All that is known of her is taken from the correspondence in the MAA Archives. After much discussion she was accepted as a Founder Member by the Committee, but she does not appear to have taken up her Membership after all. Several of the Founder Members privately accused her of plagiarism.

(Davison mentioned in her first letter to Shepley that she worked in the front line casualty stations during the war, but there is no other evidence of this).

ZITA STEAD BLACKBURN

She was a freelance artist who worked for medical and surgical staff at St Bartholomew's Hospital Medical College and also University College Hospital. She held the post in Manchester for about a year (1958) after Davison's retirement, but apparently she was not happy in the North.

Blackburn was one of the Founder Members of the Association and was made the first Honorary Secretary in 1949. She resigned in 1951, after a disagreement on the running of the Association. There is no mention of her in the MAA Archival Material after that date. However, in 1976 she wrote to the Honorary Secretary requesting a Fellowship. It was pointed out to her that she had actually resigned from Membership of the Association in 1951.

(Davison mentioned in her first letter to Shepley that she was the first woman [medical] artist in London).

ANNA ZINKEISEN (1902-1976)
(Mrs Guy Heseltine)

Both she and her sister Doris won scholarships to the Royal Academy Schools, Anna was fifteen, and by 1921 both had exhibited work in the Academy. Zinkeisen was a very versatile artist who undertook work in advertising, book illustration, magazine covers, book jackets, designs for cards and calendars, but her forte was her portrait painting and she became very well known for her murals. Many distinguished people commissioned her, and her sitters included H.R.H. The Duke of Edinburgh, who described his portrait as 'absolutely bang on!' A painter of animals and flower pieces, Her Majesty the Queen sent her Coronation Bouquet to be immortalised by Zinkeisen. Apart from many company commissions, both sisters were asked in 1934 by the Cunard Company to undertake the mural decoration of the newly built liner, the "Queen Mary". Anna Zinkeisen also worked on the other luxury liner, the "Queen Elizabeth".

During World War II she joined the St John's Ambulance Brigade and enrolled as an auxiliary nurse in the Casualty Department at St Mary's Hospital, Paddington. Whenever there was a quiet period in the extremely busy casualty department with its almost constant intake of victims from the bombing, she could not resist sketching the drama that went on around her. The first of her many paintings of hospital scenes was "First Aid Post by Candlelight", which is now in the Imperial War Museum.²²

It was not long before the surgeons at St Mary's became aware of her talent and decided that she could be of exceptional use as a war artist. She became completely involved in medical illustration and worked with and for many eminent surgeons, some of whom she painted.²³ She made visits to Sir Archibald McIndoe's unit at East Grinstead where she painted an operating theatre scene and made a considerable number of surgical drawings, some of which are preserved in the Library at the Royal College of Surgeons. After the war she started a course of

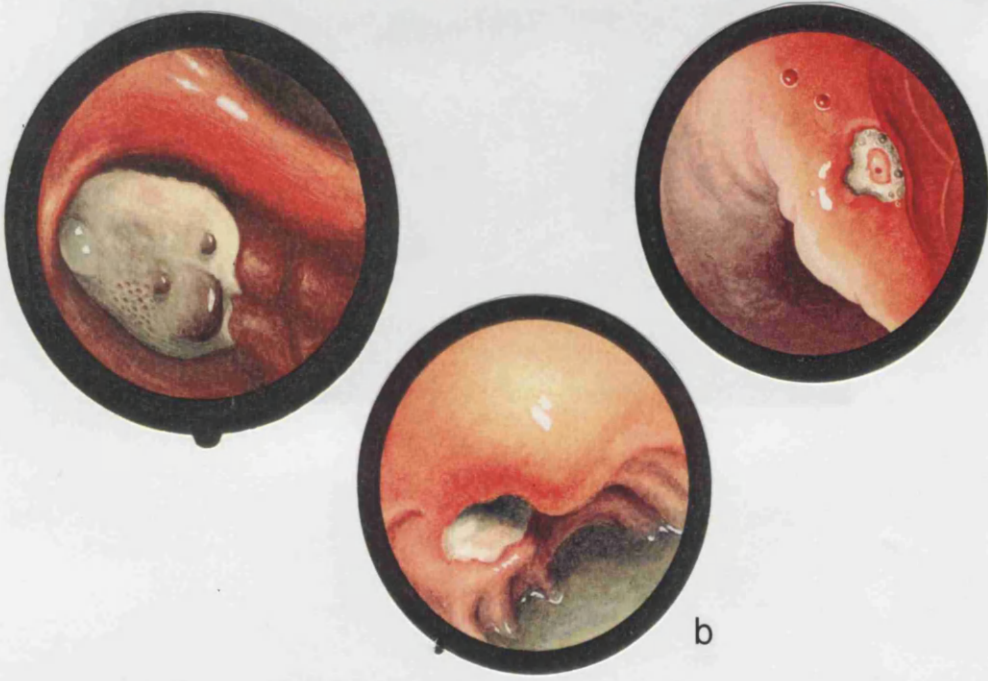
training in Medical Illustration at St Martin's School of Art in London, but it did not flourish. She returned to her successful career as a portrait painter.



Cartoon drawings by Treadgold for 'Patients as Personalities', by A. E. Clark-Kennedy, Medical & Biological Illustration, July 1955 vol.5 no.3, p.128. The MAA Archives.



a



b

- a. Oil painting by Barber after a domiciliary visit by Dr Horace Juiles in Willesden, NW10. Juiles was much concerned with environmental and social causes of ill-health. Presented to the Wellcome Institute Library by The Central Middlesex Hospital.
- b. Three cases of chronic gastric ulcer as seen through a gastroscope by Barber for Sir Francis Avery Jones. The MAA Archives.



An oil painting of a specimen of stomach showing a large gastric ulcer with an eroded vessel in its base by Hewland for Sir Francis Avery Jones. The MAA Archives.

FOOTNOTES

No.

1. Letter no. PF/Lett1, Pink File, MMA Archives.
Davison to Shepley, 11 October 1948.
2. Mr James Patterson Ross, Consultant Surgeon at
St Bartholomew's Hospital.
3. Professor Robert W. Scarff, Professor of Morbid
Anatomy & Histology, at the Bland Sutton Institute of
Pathology, Middlesex Hospital.
4. Professor Ian Aird, Consultant General Surgeon at
Hammersmith Postgraduate Medical School.
5. Sylvia Treadgold, Head of Medical Illustration at
Guy's Hospital Medical School.
6. Imitation Ross-board. The machinery used by the
American firm that manufactured Ross-board wore out
and the firm decided to discontinue the product.
British Process Boards Ltd., began to make a
substitute and tried hard to match the original.
Archer tested many samples for them. It was sold by
Winsor & Newton under the name of Suede Board.
7. Elise Hewland who had been an apprentice/assistant
with Barber.
8. Dr James Barlow MacAlpine's book, Cytoscopy &
Urography, Bristol, John Wright, 2nd ed. 1936.
9. Mr George Smith was Shepley's first student in 1947.
10. Letter no. PF/Lett2, Pink File, MAA Archives.
Shepley to Davison, undated c.14 - 27 October 1948.
11. James Couper Brash, MC, Professor of Anatomy at
Edinburgh University in 1948.
12. Peter G Cull, 'Obituary for Sylvia Treadgold', MAA
News, July 1987, p.4.
13. Reprints of all these articles are in the MAA
Archives.
14. Down House, Downe, Kent, the home of Charles Darwin.
Exhibition mentioned in the MAA News Letter, no.19,
November 1966.
15. J D Allan Gray, The Central Middlesex Hospital London,
Pitman Medical Publishing Co Ltd., 1963.
16. Dr V C Robinson was Susan Robinson's brother who was
doing emergency war work at the Central Middlesex
Hospital at that time.

No.

17. From correspondence between Avery Jones and the author in 1991.
 18. Ibid.
 19. Freda Wadsworth, 1963. 'Miss Barber - An Appreciation', MAA News Letter no.18, November 1963, pp.14-15.
 20. Dorothy Davison, 1962. 'News & Notes', MAA News Letter no.17, November 1962, pp.11-13, p.12.
 21. MAA Meetings were held at the Royal College of Surgeons from 1950 until 1957. The accommodation was given ex gratia, but the cost for meals was rather more than the Members wished or could afford to pay, so another venue had to be found at the Middlesex Hospital where Hewland the Hon. Secretary, at the time, was employed. London meetings at the RCS were resumed in 1962 until 1971 when it was decided to hold the MAA Conferences at different Medical Schools alternately in London and the Provinces.
 22. Details from: Josephine Walpole, Anna, A Memorial Tribute to Anna Zinkeisen, London, W R Royle & Son Ltd., 1978 p.7-26. (No. 527 of a limited edition of 1000 signed by the author)
 23. Idem, pp.71-72.
The medical men among her sitters were:
Sir Rowan Boland, Mr Henry Elliott-Blake, Sir Wilfred E. Le Gros Clark, Professor Sir Alexander Fleming, Surgeon Rear-Admiral Sir Gordon Gordon-Walker, Sir Archibald McIndoe, Mr Dickson Wright and Sir Rodney Maingot.
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Chapter 4.

THE MEDICAL ARTISTS WORKING DURING AND AFTER WORLD WAR II

This fourth group includes artists drawn into medical art-work while serving their country in World War II. The established professionals who had been working before and during the war included some of the most important and memorable names in British medical art such as Maxwell, Kidd, Davison, Arnott, McLarty, Barber and Shepley. Most of them came from a traditional Fine Art background and were supported by authors and publishers with a sense of culture, who set great store by the beauty and quality of their work. They had firmly established very high standards both in terms of art and their knowledge of medicine. There is no doubt that they were concerned that an influx of new blood from diverse origins, into the new departments which were being established, could result in a decline in standards.

Cull writing in the Journal of Audiovisual Media in Medicine in 1989, on the occasion of the MAA's Twenty-first Anniversary emphasized the diverse backgrounds in contrasting his own art training with that of Archer who "studied along traditional lines at the Slade School of Fine Art at the University of London, graduating with the Slade Diploma" while he was -

...trained as a 'commercial' artist at Twickenham, a Middlesex County Council Technical and Trade School, generally considered to be offering a last chance to carve out a career for those who lacked the aptitude or inclination to follow the route to more academic pursuits. Miss Archer's art education would have begun at eighteen ... My four years of training were completed by the age of seventeen, immature in life skills and, more importantly, immature in artistic skills (County Council regulations prevented us 'young boys' from looking upon the nude female figure until the age of sixteen and, thus, that crucial basic element, life drawing came too late in the curriculum to be of real value to our artistic development). In my case the maturing process came in the rough and tumble of advertising agency studios where hiring and firing took place with great rapidity and a job that lasted more than a month was considered to be a sinecure.

A chance meeting with Joy Brand (née Trotman), a freelance ophthalmic illustrator who was 'polishing' her life drawing at the Slade, fired the interest of Pat Archer in the almost unknown world of medical art. The acceptance of some of Mrs Brand's surplus work promoted contact with eminent members of the medical profession and led to an appointment as a medical artist to the (Royal) London Hospital at the princely sum of £300 per annum.

Painting scenery for a pantomime in the NAAFI at the Military Hospital in Malta where I was serving my time at the end of the war exposed my primitive skills to a surgeon who asked me to sketch a new operation he was planning. This 'lit the fuse' for me and led, by a long and devious route, to a job as junior assistant artist to Sylvia Treadgold at Guy's Hospital in 1948 at £4.5s a week.

Contrasting backgrounds and accidental modes of entry to the profession were typical for those artists starting their careers fifty years ago when medical illustration was expanding in Britain. There were others of equal diversity as we shall see in this chapter. Wadsworth trained at the Brighton School of Art and qualified as a State Registered Nurse, apprenticed herself (without pay) to Barber. Asta, an entirely self-taught artist involved in heroic clandestine escapades behind Japanese lines in Burma, hidden and helped to escape by tribesmen, and whose wounds necessitated a less physically demanding post-war occupation was led into medical art by his ex-school friend, Charles Engel of Guy's Photographic Department. Donald, Duckworth, Robinson, Fairfax Whiteside, Lane, Hammersley and Callander, some young, some more mature, were all part of the expansion and with their diverse backgrounds, characters, and individual styles and ideas, they created a need for some form of recognition and quality control.

Artists from the second, third and fourth groups helped to form the association which became known as The Medical Artists' Association of Great Britain.

LIST OF ARTISTS WHO MADE CAREERS IN MEDICAL ART

AFTER WORLD WAR II

23. BARBARA DUCKWORTH.....Central Middlesex Hospital &
Liverpool University.
24. SUSAN ROBINSON.....Central Middlesex Hospital &
West Middlesex Hospital.
25. JOAN FAIRFAX WHITESIDE..Freelance Artist, London.
26. FRED A WADSWORTH.....Central Middlesex Hospital &
The Institute of Urology,
London.
27. PETER CULL.....Guy's Hospital Medical School,
Great Ormond Street Hospital,
The Royal Marsden Hospital,
Makerere College Medical
School,
St Bartholomew's Hospital
Medical College.
28. DOUGLAS HAMMERSLEY.....University of Newcastle-upon-
Tyne.
University of Aberdeen.
University of Newcastle-upon-
Tyne.
29. ROBIN CALLANDER.....University of Glasgow.
30. ROBERT N. LANE (1923-1989)...Freelance Artist, London.

Those in other branches of the medical profession who also
produced medical artwork.

31. PROFESSOR R. J. LAST....Royal College of Surgeons of
(1903-1993) England, London.
32. Dr DAVID TOMPSETT.....Royal College of Surgeons of
(1909-1991) England, London.
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BARBARA DUCKWORTH

She joined the Civil Nursing Reserve when volunteers were called for in 1938. In 1939, at the outbreak of war, she was immediately called up and sent to Stanley Hospital, Kirkdale, Liverpool. After several weeks as a Civil Nursing Reserve, she was asked if she would like to train as a State Registered Nurse.

The hospital was situated in a very vulnerable place close to the Liverpool Docks and the main railway junction. It was also the only hospital which remained in the city centre to cater for the dock casualties. After the war, in 1945, having done a few months maternity experience, she had to retire from nursing altogether because of serious health problems.

... I went back to the Art School in the evenings and it was there that Professor Charles Wells came to enquire if anyone would be interested in medical work and I was suggested. I started work at the Department of Surgery, I think, in April 1946 and Professor Wells having been impressed by Miss Barber's set-up at the Central Middlesex Hospital, arranged a short period of training there for me. ...¹

Duckworth worked in Miss Barber's department for only two months; in the same year, 1946, she was appointed medical artist to the Department of Surgery at the University of Liverpool. She illustrated F. R. Edwards', Foundations of Thoracic Surgery, Livingstone. She also did some ophthalmic work for the surgeons at St Paul's Eye Hospital in Liverpool after a short training session at Hamblins Ltd., in London.² She was one of the artists Davison contacted in the late 1940s, and became one of the Founder Members of the MAA in 1950, a Fellow of the Association in 1969 and was the fifth Honorary Treasurer from 1961 until 1972. She took early retirement in 1970, having spent 24 years in the same department. In 1997 she remains on the MAA List of Retired Members.

SUSAN ROBINSON

She took a general art training at the Regent Street Polytechnic and also a course in Domestic Economy before the war. In 1939 she joined the VAD, in the catering division (her cooking ability would appear to have been appreciated rather more than her painting, at that time). She was posted to the Cambridge Military Hospital at Aldershot, in the Royal Army Medical Corps. It was there that she first heard of medical art, in spite of a medical background. She was asked to illustrate a book for the consultant anaesthetist, Major E. S. Rowbotham,³ Anaesthetics in Operations for Goitre. After the war, in 1945 she began a training in medical art with Barber at the Central Middlesex Hospital. After two years she was appointed medical artist at the West Middlesex Hospital, where her father was a medical consultant and where she remained until her retirement in 1977 - thirty years to the day.

Robinson became known, especially, for the very many endoscopic paintings she did for Dr Nelson F. Coghill, Physician at the West Middlesex Hospital, which formed his special collection of cases. This is an unique collection containing a very large number of different conditions, both common and rare, all executed to the very high artistic and technical standards encouraged by Barber. Also to her credit are several textbooks for midwives which she illustrated for the consultant obstetrician and gynaecologist at the West Middlesex Hospital, C. W. F. Burnett.⁴ (fig.4.1)

She was a Founder Member of the MAA, a member of the MAA Council for many years and held the offices of 3rd Honorary Assistant Secretary from 1954 until 1956, 4th Honorary Secretary from 1961 until 1964 and was elected the 3rd Chairman of the Education Committee from 1969 until 1976. For many years she took the MAA students into her department for one-month periods for training in endoscopic painting as part of the MAA Training Scheme. In

1969 she was made a Fellow and has remained on the Retired Members List since 1977.

JOAN FAIRFAX WHITESIDE

She studied art at the Byam Shaw School in London, and is an artist who worked successfully in many spheres before the war. A portrait painter of repute, she exhibited at the Royal Academy and the Royal Society of Portrait Painters as well as working as an illustrator of short stories for newspapers and magazines. She was advised by her agent to use only her initial J., as in those days it was easier to be given work if one was thought to be male rather than known to be female. She continued to do this during her professional life. However she became involved with medical artwork in 'off-duty' moments, while nursing at No.1 RAF Hospital, Halton during World War II, when she was called upon to do some illustrations for the plastic surgeons at the unit. Realizing the value of her work, any thought of postings abroad, for her, were cancelled by the Air Ministry. For the duration of the war she managed to combine nursing with medical art and was awarded the Royal Red Cross Medal.

After the war she was offered several hospital posts but preferred to work in a freelance capacity because of her other portrait and illustrative commissions, however, she continued to do medical work, mainly for pharmaceutical companies, although she did illustrate several books on medicine and surgery. It was through her medical connections that she received commissions to paint a series of 'action in battle' paintings for the Royal Army Medical Corps Victoria Cross Collection, which are exhibited in their museum.⁵

Her work is distinguished for the very high standard of her draughtsmanship and her skilful use of a form of tempera technique, which she devised for her medical and other illustrative work. In 1966 she visited the USA where she spent a week in New York and two weeks on Vancouver

Island, a report of which she wrote for the MAA News Letter in November 1966. She exhibited at all the MAA Exhibitions including the more recent 40th Anniversary Conference at the Royal Marsden in 1989 and the 'Brush With Medicine' Exhibition held at Barber-Surgeons' Hall in 1993.

A Founder Member of the MAA, Fairfax Whiteside held the office of 4th Honorary Assistant Secretary from 1956 until 1961 and was made a Fellow in 1969. She retired in 1976 but remains on the Retired Members List and continues to take an interest in the progress of the Association.

She painted a portrait of Professor Raymond J. Last, Professor of Applied Anatomy at the Royal College of Surgeons, on his retirement in 1970. It is owned by one of his sons who is an Emeritus Professor of the University of Ottawa.

FREDA WADSWORTH

She trained at Brighton School of Art from 1936 to 1939, but worked as a nurse during the war, first at Midhurst Sanatorium and later at The (Royal) London Hospital, where she became State Registered in 1946. She then decided to combine these two interests in a career as a medical artist and obtained an introduction to Barber at the Central Middlesex Hospital, one of the only two establishments where trainee medical artists were accepted in London at that time, the other being at Guy's Hospital Medical school.

After training for one year, she obtained a sessional appointment as medical artist at Hillington Hospital in 1947 and in 1948 became part-time assistant to Barber. She held these two posts concurrently until 1953, when she obtained an appointment as medical artist to the Institute of Urology, University of London. This was on a six-month trial basis and was not made into a full-time post until 1956. She remained at the Institute of Urology until her

retirement in 1979, having been given the status of a Lecturer in 1971.⁶

On the occasion of her retirement Wadsworth was asked to give a lecture to her colleagues at the Institute. The following formed the text of her memories of her early days there.

I should like to reminisce for a few moments about life in the first home of the Institute of Urology, which was at No. 10, Henrietta Street, in Covent Garden. This was an eighteenth century house which at one time had been owned by the brother of Jane Austen, and "the hospital architect was commissioned to adapt the building for its new functions, and this was skilfully done". Well, this may be so, but it had obviously been impossible to do anything about the stairs, which gave one the feeling of needing one's sea-legs before venturing up them. For those who never knew this unique building, I should like briefly to describe it. On the ground floor was the Dean's Office, and a combined museum and lecture theatre which was so small that when there was an overflow of students, they could often be seen sitting in two's up the staircase, but as this sloped inwards towards the door of the lecture theatre, the seating arrangements were perhaps more modern than the architect had realised. Behind this was a kitchen ruled by a survivor from the British Raj known affectionately to everyone as Clem, who brewed the most formidable coffee which he dispensed round the building to the accompaniment, on his good days, of spirited hymn-singing.

On the first floor was a small laboratory and a rather dark and depressing room set aside for research, and I recall that when I first saw it it was equipped with nothing but a bench and literally one Bunsen burner. On the floor above was a small board-room and an even smaller library with a sloping floor and an Adam fireplace, and out of the library led a fair-sized cupboard which was to be my studio for the first ten years. The top floor was inhabited by secretaries who used to attend to their duties during the morning and knit during the afternoon, as this was in the very early days of the Institute before it had been officially opened. So it was into this relaxed atmosphere that in April 1953, I took up a part-time appointment for a trial period of six months, to see if an artist was needed.

It was snowing when I first directed my uncertain steps towards the door of No. 10, and I was somewhat dismayed, on reaching my cupboard, to find that no preparations had been made, and there was no 'phone, and no heating. There was no running water either, which is usually considered essential for an artist, but in the absence of the first two priorities I felt that this was something I could manage without. So I settled in as best I could, wrapped a rug round my knees and waited for something to happen, trying at the same time to look impressively busy. Well it is quite difficult to sustain this appearance for long when one has actually nothing at all to do, and after two or three weeks I can remember reflecting that at the beginning of life one seems to be sitting on the fence, as it were, facing

various alternatives, and I had the uneasy feeling, at that time, that I might have stepped down on the wrong side. However I eventually sent out a distress signal and discovered that, due to some confusion of timing, none of the consultant staff actually knew that I was there, and from then on the work came along and I began to feel more secure.⁷

An exponent of the Ross-board technique, Wadsworth gained distinction for her specialist work in urology and illustrated a number of chapters for the Urology Volume of Rob and Smith's Operative Surgery. She also devised an animation technique using plasticene models and in co-operation with the Institute's photographers, produced many filmed sequences which were used for teaching new surgical procedures. (fig.4.2)

She was made a Fellow of the MAA in 1969 and was the first medical artist to receive an MBE on her retirement in 1979. Always an active member of the MAA, she was the 3rd Honorary Treasurer from 1954 until 1955 and 3rd Honorary Secretary from 1955 until 1961. She also served on the Education Committee from 1962 until 1976, and the Board of Examiners from 1973 until 1980. During the latter part of her career she trained students for one-month periods as part of the MAA Training Scheme.

One of her abstract works entitled 'Gemini' was presented to Avery Jones on the occasion of his retirement as Honorary President of the MAA in 1991. In 1997 she remains on the MAA List of Retired Members.

PETER G. CULL

At the age of thirteen he won a scholarship to the Twickenham School of Art to study commercial art. This establishment's rules barred students of his tender years from drawing the nude figure; he maintained that this policy has been responsible for his abiding somewhat 'rough and ready' life drawing. Nevertheless, his early art training was tough and realistic - a true 'trade' education which offered no diploma or qualification save a portfolio of completed work.⁸

It was 1940, World War II was well under way and his daily routine was to rise early for his paper round then dash off for the day's work at art school. In the afternoon he went out to sell the evening papers at the railway station, from there he would spend the evening at the youth club or dramatic society. He usually managed to snatch a little sleep before doing a stint as an Air Raid Warden's messenger. Finally he would get back to bed, but only until the alarm started the whole cycle off again.

Cull left art school at the age of seventeen and obtained his first job as a junior artist in an advertising agency. He changed jobs three times during that first year, then, although it was near the end of the war, he was called up for national service. After much pondering on the part of the selecton board, he was offered the choice of joining the Royal Electrical & Mechanical Engineers, as a draughtsman, or the Army Education Corps as an instructor in art. Aware that the latter would add three stripes to his sleeve he chose the latter, but when his posting came through he found himself listed as a nurse in the Royal Army Medical Corps, with the recommendation that "he could be useful as a hospital signwriter". After training at Aldershot, he was posted to a military hospital in Malta, where he was ultimately elevated to the rank of corporal. Dr Robert Ollerenshaw, who later was to become Director of Medical Illustration at Manchester Royal Infirmary was in the same Corps. They became known in the medical illustration world as 'the colonel and the corporal'.

It was at this hospital that he was given his first opportunity to try his hand in the branch of art he was to make his future career. He was asked to make some drawings of a modification to a certain standard operative procedure. He attended the operation, made some sketches and threw all his commercial skills into the finished drawings. The result was a highly-imaginative, highly-coloured series 'good enough to eat', but hardly what the surgeon had in mind. From then on, he was determined that

medical art was the way by which he would make a living.⁹
(fig.4.3)

On his demobilization in 1948, he visited various established medical artists looking for a job; they were all discouraging. One eminent lady,¹⁰ told him to abandon his ambition for three reasons:-

1. He did not have the necessary academic background.
2. He lacked the artistic talent and ability.
3. Medical art was an unsuitable occupation for a man since it involved observing and drawing 'intimate subjects'.

Eventually a local G.P., for whom he did some waiting-room posters on breast-feeding, provided him with a letter of introduction to Treadgold at Guy's Hospital. Fortunately for him, she had just given notice to a junior artist, so Cull filled the place. After two years' training at Guy's, (1948-1950) he became the first full-time medical artist at the Hospital for Sick Children, Great Ormond Street for the 1950-1954 period. It was during this time that he first became involved in forensic work with Professor Francis Camps and his numerous infamous cases, producing drawings for the courts. He worked with Camps after the discovery of the multiple murders committed by John Christie at 10, Rillington Place.

The next professional move, in 1954, was to start a new medical art department at the Royal Cancer Hospital, now the Royal Marsden Hospital. It was here that he illustrated many new surgical techniques performed by Ronald Raven, including that of laryngo-pharyngectomy with block dissection of the neck. However, in 1956 he decided to take himself and his family to Africa; he was offered an appointment as Medical Artist, Head of Medical Photography and Curator of the Museum at Makerere College Medical School, in the University of Kampala, Uganda. "One of the most exciting periods of my career", he was able to

try out many of his ideas towards forming a comprehensive medical illustration service for medical education.

After five years, in 1961, he began to seek employment back in Britain and only as a last resort enquired at St Bartholomew's Hospital, which he saw at that time as a "backward, historical institute where nothing so adventurous as medical illustration could survive or prosper". He was, nevertheless, offered an appointment there in 1961 and in six months was installed with a drawing board near the dissecting room of the Anatomy Department at St Bartholomew's Medical College. There he renewed his acquaintance with the Head of the Department of Medical Photography, Norman K. Harrison (whom he had met at Great Ormond Street Hospital) and for the first time met David Tredinnick, Harrison's assistant. After Harrison's retirement, in 1964, Cull and Tredinnick became Joint Heads of Medical Illustration (Art and Photography).¹¹

In 1967, concern was growing in certain academic departments over the ever-expanding curriculum, stretched resources and their diminishing capacity to deliver undergraduate education of an acceptable quality. It was suggested that much of the formal teaching be abandoned in favour of delivering factual information via self-instruction while academic staff devoted more time to small-group seminars. Although this did not meet with universal approval, it was taken up vigorously by some departments. As a result of growing interest and demand in this field, the Medical School invited him to move away from 'main-stream' medical illustration in order to establish a special undergraduate learning facility combining a self-instruction laboratory, tutorial accommodation and a resources production unit, for making and marketing programmes in tape-slide and video. As a department grows, so the administration increases and the head of the department finds himself so busy running it, that it leaves him very little time actually to sit down at a drawing board and produce his artwork. Cull has had

these problems as have others, but he was very wise and had the fore-thought to produce, soon after his appointment at St Bartholomew's Hospital, and the one time in his life when for a few weeks he was not so very busy working for others, a number of specimen pieces of work. In recent years, and since his retirement, he has had time to add to this collection of anatomical drawings, in a technique particularly his own, using pencil, paint and crayon. He hopes to produce these drawings in the form of a 'coffee table' book during his retirement. An exhibition of his work called "Body Parts" was held in Gosport during the summer of 1996. Quite apart from this collection, Cull, during his career, produced a wide range of work in all the usual techniques used by medical artists, water-colour, gouache, crayon, air-brush and Ross-board. He illustrated several books including:-

F. R. Camps, Medical and Scientific Investigations in the Christie Case.

F. E. Camps & W. B. Purchase's, Practical Forensic Medicine.

R. L. Huckstep's Typhoid Fever and Other Salmonella Infections.

C. B. S. Wood and J. A. Walker-Smith's, MacKeith's Infant Feeding and Feeding Difficulties.

Cull also edited a book of basic diagrammatic drawings, The Sourcebook of Medical Illustration, which, being free from normal copyright restrictions, can be used by doctors, nurses and other teachers in medicine as a base for their own diagrams and recordings. In addition he has written something in the region of 30 articles mainly for the Journal of Audiovisual Media in Medicine.

In 1962, he was active in helping to organise the MAA Training Scheme and became the first Chairman of the Education Committee, an office he held until 1967. In 1970, he was made Director of the Robin Brook Centre for Medical Education with the status of a non-clinical Senior

Lecturer, dealing mainly with teaching material. In 1990, Cull was offered the opportunity to become more involved in the college curriculum for medical students. A new department was formed and he became a member of the Department of Informatics and Clinical Skills, but he retained his Directorship of Education and Medical Illustration Services. When he left St Bartholomew's, Cull's Deputy Director Cedric Gilson, Medical Photographer, took over the combined departments with a Senior Medical Artist and former MAA Student, Cathy Clench, in charge of the Art Services. Cull retired from St Bartholomew's in 1993, however, he continued to work for a time on the Video-Disc Collection for the Wellcome Trust.

He was the first Hon. Secretary to the Institute of Medical and Biological Illustration from 1967 until 1969, when he helped to draft the Articles of Association. He was re-elected again in 1974 for one year, and was elected Chairman of IMBI twice, from 1973 until 1974, and again from 1975 until 1976. He was elected Chairman of the MAA three times for the periods 1977-1980, 1982-1984 and 1988-1990. He became involved in the organisation and was elected Chairman of the North East Thames Regional Audio Visual Advisory Committee. More recently, in 1990, he was instrumental in bringing about the Registration of Medical Illustrators, the transference of the MAA into a Limited Company and, in collaboration with Avery Jones, he helped to secure for the Medical Artists' Association the honour of the patronage of the Worshipful Company of Barbers. In 1976, he received the Ellison Nash Award at St Bartholomew's Hospital, and in 1986, he was awarded the Pask Certificate of Honour from the Council of the Association of Anaesthetists of Great Britain and Ireland. In 1990, he received the IMI Norman Harrison Medal, the Chairman's Award, and the first and second prizes in the Kodak Awards for Medical Artists (now discontinued). In 1975, he was made a Serving Brother of St John of Jerusalem (the Colonel became a Knight some years

earlier). To crown his very successful career, in 1990, he was made a Freeman of the Worshipful Company of Barbers and a Freeman of the City of London and in 1991, he was awarded an MBE in the New Year Honours List, the third medical artist to be so honoured since 1979. Also in 1991, he was appointed to the first and personal Chair in Medical Art in this country, at St Bartholomew's Hospital in the University of London and, in 1997, he was made a Liveryman of the Worshipful Company of Barbers. In 1997, he remains on the MAA List of Retired Members.

DOUGLAS HAMMERSLEY

He served in the Royal Air Force during World War II, as a Bomb-Aimer and Education Officer, rising to the rank of Flight Lieutenant. On demobilization in 1946 he studied Fine Art at King's College, Newcastle, University of Durham, taking medical art as his subject. In 1949, he visited Oxford to study the subject with Arnott and McLarty.¹²

He was appointed Medical Artist to the Department of Surgery, Newcastle-upon-Tyne in 1950, where he worked for members of the Faculty of Medicine in Newcastle, as well as surgeons and physicians in the North-East Region. In 1966, he moved to become Director of the combined Department of Medical Art and Photography at Aberdeen. This department provided a comprehensive graphic, photographic and reprographic service for the Faculty of Medicine and the Aberdeen hospitals. However, this proved to be too much of an administrator's job for him and, preferring to be an active artist, he returned to Newcastle in 1970 to join Dorothy Mustart, who was Head of the Graphics Section of the Audiovisual Centre with a team of seven. This department produced a wide range of graphics for members of the Faculty of Medicine, the Departments of Agriculture, Zoology and many others. From 1979 until 1980 Hammersley was made Acting Director of the Audiovisual Centre with a staff of forty-two. In 1980, he

was appointed Head of Graphics, but after two years, in 1982, he took early retirement.

Hammersley illustrated many books on surgery including Bonney's Gynaecological Surgery and was co-author with G. F. Rowbotham of Pictorial Introduction to Neurological Surgery, (fig.4.4)

He was Vice-Chairman of the MAA from 1962 until 1977 and in 1969, he was made a Fellow of the Association. In retirement, he is working as a freelance wildlife artist and photographer.

ROBIN CALLANDER

A Scottish artist, Callander started training in physiotherapy in 1939. This course was interrupted by the war and in 1942, he joined the Royal Air Force, in Signals and Communications. He held the rank of Flight-Sergeant and remained in the Force until 1947. On his return to civilian life, he continued with his studies, qualified in 1948, obtained a Teacher's Diploma in 1949 and joined the Teaching Staff of the Scottish Physiotherapy Hospital. In 1952, he was awarded the Fellowship of the Faculty of Physiotherapists. A year before, in 1951, he also began to work as a part-time illustrator at Glasgow University. In 1953, he was appointed to the staff and became Medical Artist to the Departments of Physiology, Biochemistry, Pharmacology, Pathology, Haematology and Bacteriology.¹³

In 1966, he was made Director of the Department of Medical Illustration and Photography. This was one of only four instances of an artist being made Director of a Department of both Art and Photography. The first was that of Donald's Directorship in Glasgow, the second was that of Perry in Crumshall, the third was Callander and the fourth was Hammersley in Aberdeen. As well as running a combined department of art and photography, Callander has been the sole illustrator of over twenty books, co-author of seven and part-illustrator of many more during his career of thirty-five years. The books for which he is

best known as artist and co-author with Dr Ann McNaught are:- Illustrated Physiology

Nurses' Illustrated Physiology, (1964), and later, Pathology, Gynaecology, Obstetrics, Urology, Neurology and Neurosurgery Illustrated,

each published separately by Churchill Livingstone. His work, mostly produced in pen and ink, is note-worthy for its clarity of line and its excellence for reproduction purposes. His illustrations are indicative of an artist who knows and completely understands his subject matter. (fig.4.5)

Although he did not become a member of the MAA until 1966, Callander was an active member of the Association from that time until his retirement from Glasgow University in 1982 and since then he has concentrated on his private practice. He was made a Fellow of the Association in 1969, and elected Chairman of IMBI for the period 1978-1979 and Chairman of the MAA from 1980-1982. He was determined that the Association should acquire a badge and logo during his period of office.¹⁴ Many designs submitted by members had been considered in previous years without any choice being made. In 1981 a design by Wilson was chosen. It was from this same design that the Chairman's Jewel in gilt, and replicas in silver for Past-Chairmen were made. In 1997, Callander remains on the MAA List of Retired Members.

ROBERT N. LANE (1923-1989)

He was born at Camborne and was educated at Truro Cathedral School. During World War II he served with the Army in the North African and Italian campaigns, being invalided out after action at Monte Cassino. It was while he was recuperating in Cornwall that he discovered his talent for drawing and painting, and later studied at the St Martin's School of Art in London.

Medical art attracted him at the outset as he felt that this would give him the opportunity of making a worthwhile

contribution to medicine and medical education. At that time there was little organised tuition in this field and it was difficult to make the right contacts in London. Medical illustration was not classified as commercial art and commanded little financial reward. Slowly, by studying human anatomy and visiting operating theatres at the London teaching hospitals, he built up a folio with which to approach some consultant surgeons.

He met and was encouraged by several eminent surgeons of the day, including Professor Gray-Turner and Sir Archibald McIndoe. As his reputation grew, his work was much in demand. He did a vast number of drawings for many volumes of Rob and Smith's Operative Surgery, published by Butterworths, and he also worked for Baillière Tindall and Springer Verlag. In 1988, The Royal College of Surgeons awarded him the Sir Arthur Keith Medical Award for his contributions to surgery and medical art.¹⁵ (fig.4.6)

After his death Butterworths inaugurated a prize in his memory. Named the Robert N. Lane Prize, it was awarded for the best set of drawings of an operative technique by an artist under the age of 35 years. It was administered by the MAA, however, since Messrs Butterworth were taken over by Messrs Chapman & Hall and now by Thomson International, the future of this Prize is unsure.

Lane became a member of the MAA in 1958. He did not take an active part in the Association and resigned in 1969. He did not think that membership of the Association was of any advantage to him or his work.

PROFESSOR RAYMOND JACK LAST, MB,BS,FRCS,FRACS,HonFMAA,
(1903-1993)

Last had a rich and interesting medical career. He was born in Adelaide and was the youngest person ever to graduate in medicine from the University of Adelaide, just after his 21st birthday. From 1926 until 1938, he was a general practitioner in Booleroo Centre, a country town in South Australia. In 1939, he arrived in England seeking a

higher surgical qualification, just in time to be caught up in the war. He survived several days in a lifeboat off Iceland in the winter of 1940 and, after being rescued, served with the British forces which liberated Abyssinia; subsequently he became personal physician to the Emperor Haile Selassie for three years. After the war he returned to London and completed his FRCS. He remained at the Royal College of Surgeons, first as Lecturer then as Professor of Applied Anatomy and Warden of the Nuffield College of Surgical Sciences, the post-war residence for college students. A common room is named after him at the College, and honours a teacher who always had his students' interests at heart.

His vivid lectures on surgical anatomy are remembered by generations of surgeons all over the world. His textbook Anatomy Regional and Applied, Churchill Livingstone, first published in 1954 was illustrated mostly by his own exceptionally clear drawings. It soon became a standard textbook for surgical trainees, under the title of Last's Anatomy. He handed on the task of revising it for an eighth edition when he was in his late 80s. He also edited an edition of Wolff's Anatomy of the Eye and Orbit and Aids to Anatomy.

Last became a Founder Member of the Medical Artists' Association in 1949. The Association was most fortunate to have the benefit of his advice and expertise when he held the offices of Joint Chairman of the Board of Examiners for Membership in 1957, Member of the MAA Board of Examiners from 1958 and Advisor to the Education Committee from 1962 until 1967. Also, he served the Association as an Auditor for many years. He was always willing to give his time and expert advice to individual members of the Association and to help solve any problems concerning their anatomical drawings. Since 1971, he was on the list of retired members and had kept in touch with the Association. In 1992, he was made an Honorary Fellow of the MAA, which obviously gave him great pleasure.

He was unable to receive it in person at the MAA's 43rd Annual Dinner in 1992 at Guy's Hospital, but he wrote:-

... Your letter and its flattering news fills me with a warm happiness for the honour you do me ... I hope the recipient on my behalf will thank you very deeply for this great honour and at the same time wish the Association continuing success in the coming years ... and good wishes to all the 'old' members whom I still know. ...¹⁶

On retiring from the the Royal College of Surgeons in 1970 he went to live in Malta, but continued to work as Visiting Professor at the University of California, Los Angeles and travelled the world lecturing on anatomy until 1988 when failing health led to his complete retirement. He remained on the MAA List of Retired Members until his death.¹⁷

DAVID TOMPSETT (1909-1991)

He was Chief Prosector at the Royal College of Surgeons of England from 1944 until 1975. Tompsett was a remarkable man who had a natural artistic ability which coupled with a science degree in chemistry, botany, zoology, a PhD in zoology, a Diploma of Education and a year's preliminary training in engineering, enabled him to produce some of the finest anatomical preparations currently on display within the museums of the Royal College of Surgeons in London.

In 1941, the natural history collections of the Hunterian Museum suffered severe damage through enemy bombing. After the war it was decided that as well as re-building the museum two new teaching museums should be formed within the college, one in the Department of Pathology and one in the Department of Anatomy. The basis of these two new museum collections was formed from salvaged specimens from the Hunterian Museum and although these specimens were of excellent quality, they were limited in number. During the initial two years of Tompsett's appointment his work involved the restoration of specimens. He then turned his full attention to the creation of new specimens for the

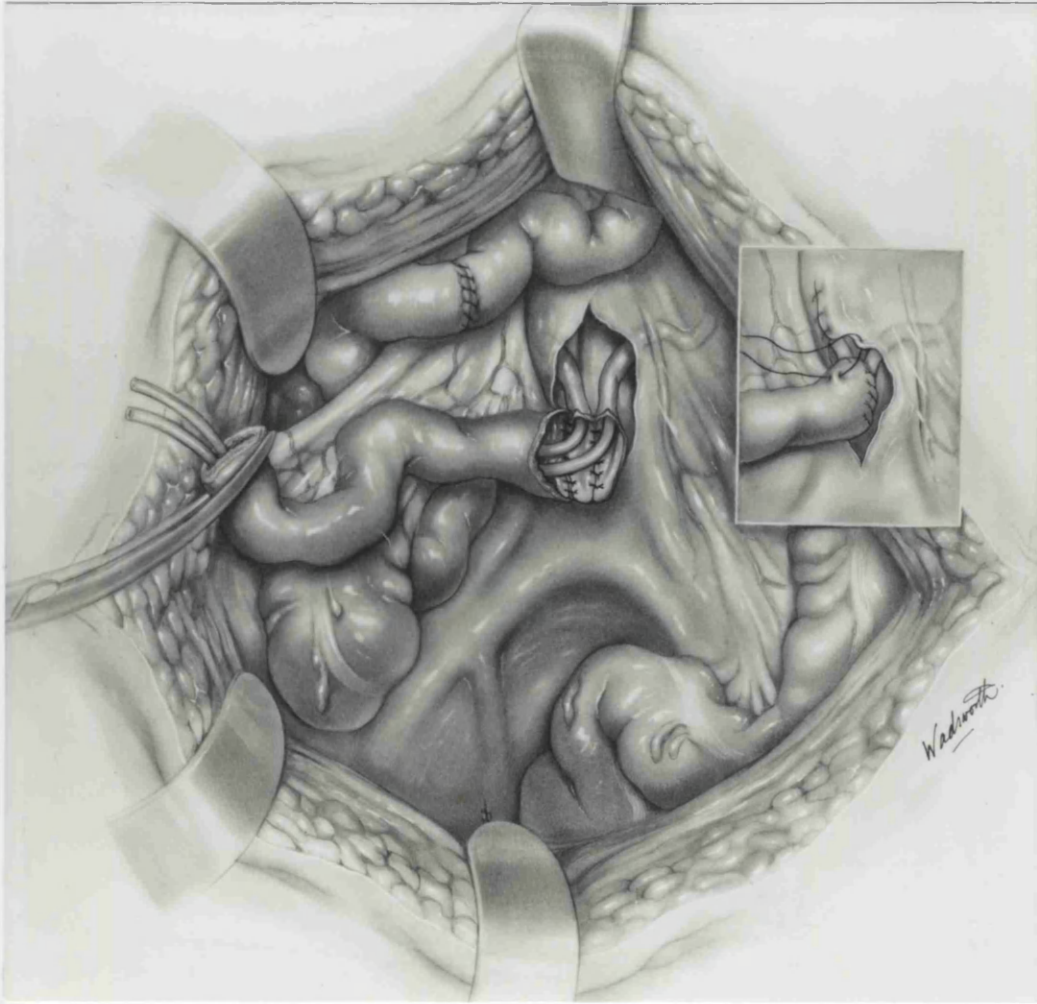
anatomy museum. Polymethyl methacrylate in sheet form, (perspex), was just becoming commercially available and he used this for the production of the display cases.

Tompsett went on to experiment and develop his corrosion cast techniques, as described in his book Anatomical Techniques.¹⁸ His skilful technique of injecting coloured polyester resins and then selective acid bath treatment for washing, produced the most beautiful and educationally important vascular casts. His reputation as an outstanding anatomical preparator and prosector was international. (fig.4.7)

He drafted the first Constitution of the MAA and became its first Chairman from 1949 until 1951. He was made Vice-Chairman in 1952, but resigned from office and the Association in 1955.

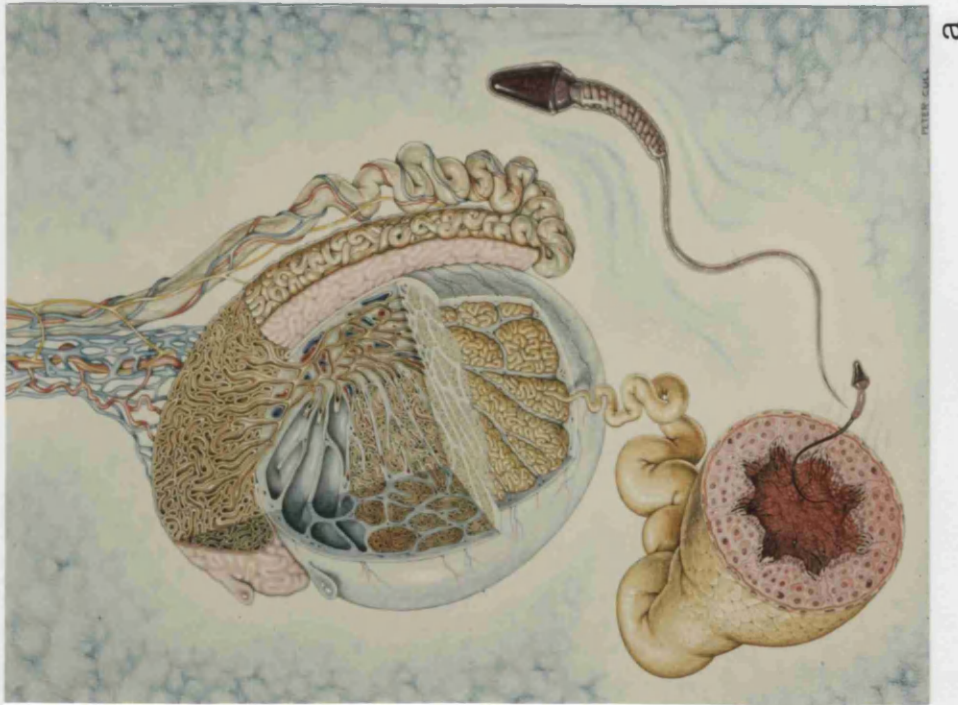


Watercolour painting of a surgical specimen following subtotal colectomy and ileostomy in a case of ulcerative colitis by Robinson. 1971. By courtesy of the artist. The MAA Archives.



Half-tone drawing of an ileal conduit. Diversion of the urine into the small intestine before removal of the bladder by Wadsworth. 'Illustrating Surgical Procedures', Journal of Audiovisual Media in Medicine, vol.1, no.4, November 1978, pp.182-3 p.183.

By courtesy of the artist and The Wellcome Institute Library.

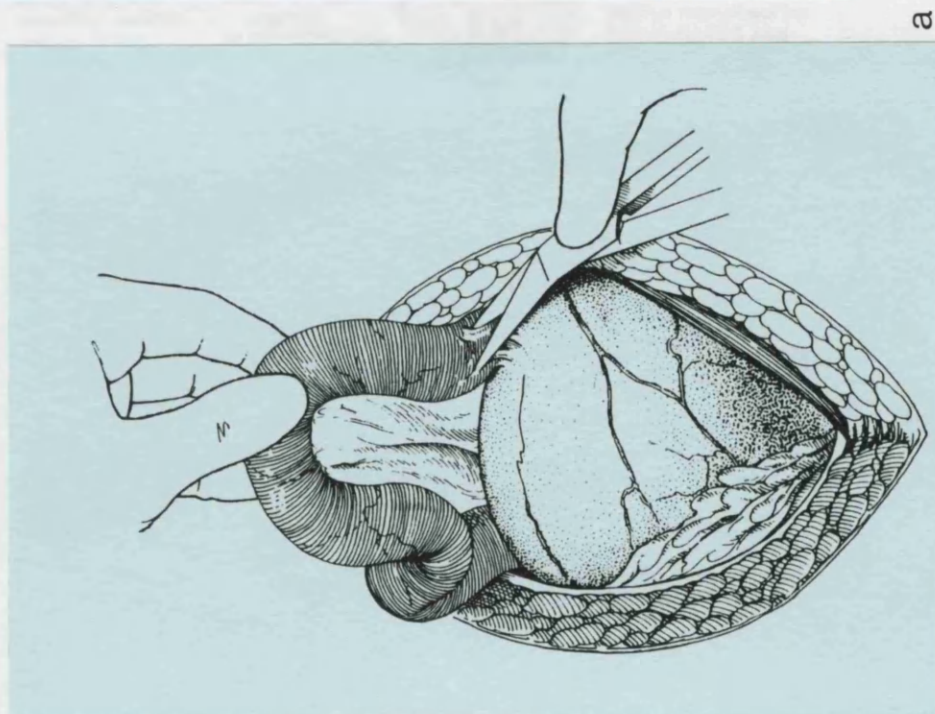
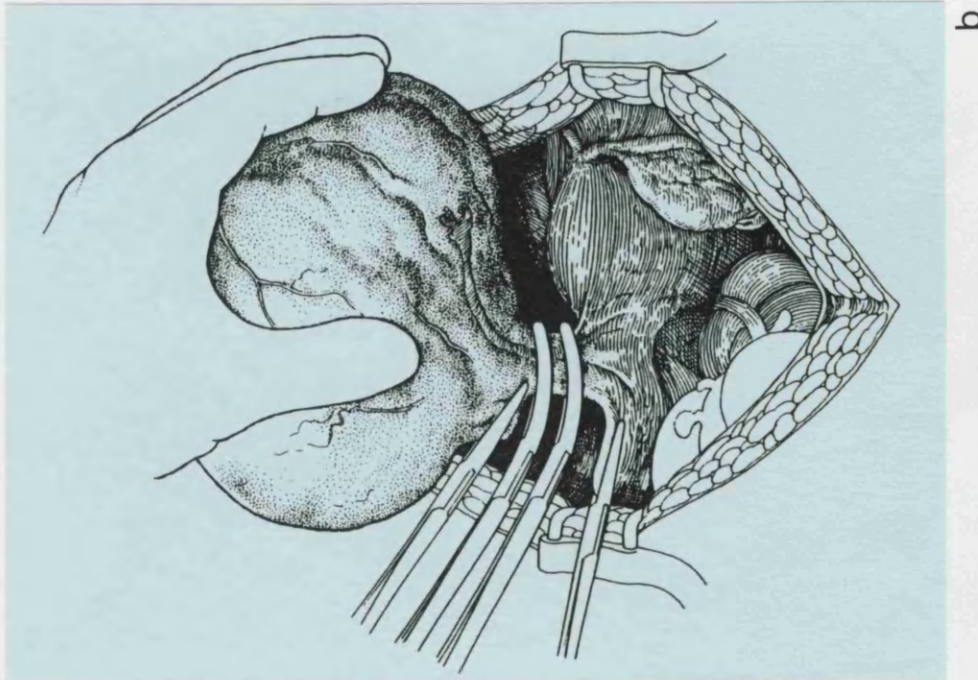


a



b

a. Anatomical painting of the male testis and sperm.
b. Schematic painting of the anatomy of the skin, both in a mixed media by Cull.
By courtesy of the artist.



Two pen and ink drawings to demonstrate:-

- a. Separation of adhesions from an ovarian carcinoma and
- b. resection of the pedicle of the tumour by Hammersley for John M. Monaghan and Bonney's Gynaecological Surgery, Baillière, Tindall & Cox, 9th edition, 1986, fig.19.1 & 19.3.

By courtesy of the artist.

UTERINE TUBES AND UTERUS IN CYCLE ENDING IN PREGNANCY

The fimbriated end of the UTERINE TUBE receives OVUM at OVULATION. The uterine tube also transmits SPERMATOZOA towards the OVA.

FERTILIZATION

-or fusion of OVUM and SPERM- occurs in outer third of uterine tube.

Spermatozoa are of two kinds - if ovum is fertilized by one kind the resulting embryo will be MALE; if by the other, FEMALE. (All other sperms present atrophy)

The Endometrium is in LUTEAL PHASE and continues to grow. (No menstrual degeneration occurs) Glands are actively secreting mucus.



CLEAVAGE

After fertilization in the uterine tube the fertilized Ovum or ZYGOTE undergoes several divisions

Ciliary currents and PERISTALTIC contractions in Uterine Tube carry BLASTOCYST into Uterine Secretion about 4th-7th day

Outgrowths from outer layer of Blastocyst begin to invade Endometrium



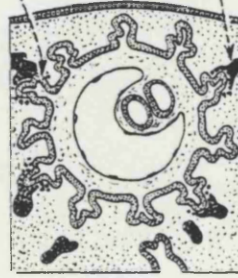
IMPLANTATION

For a few days embryo gets OXYGEN and nutrients (by diffusion) from the uterine glandular secretion.

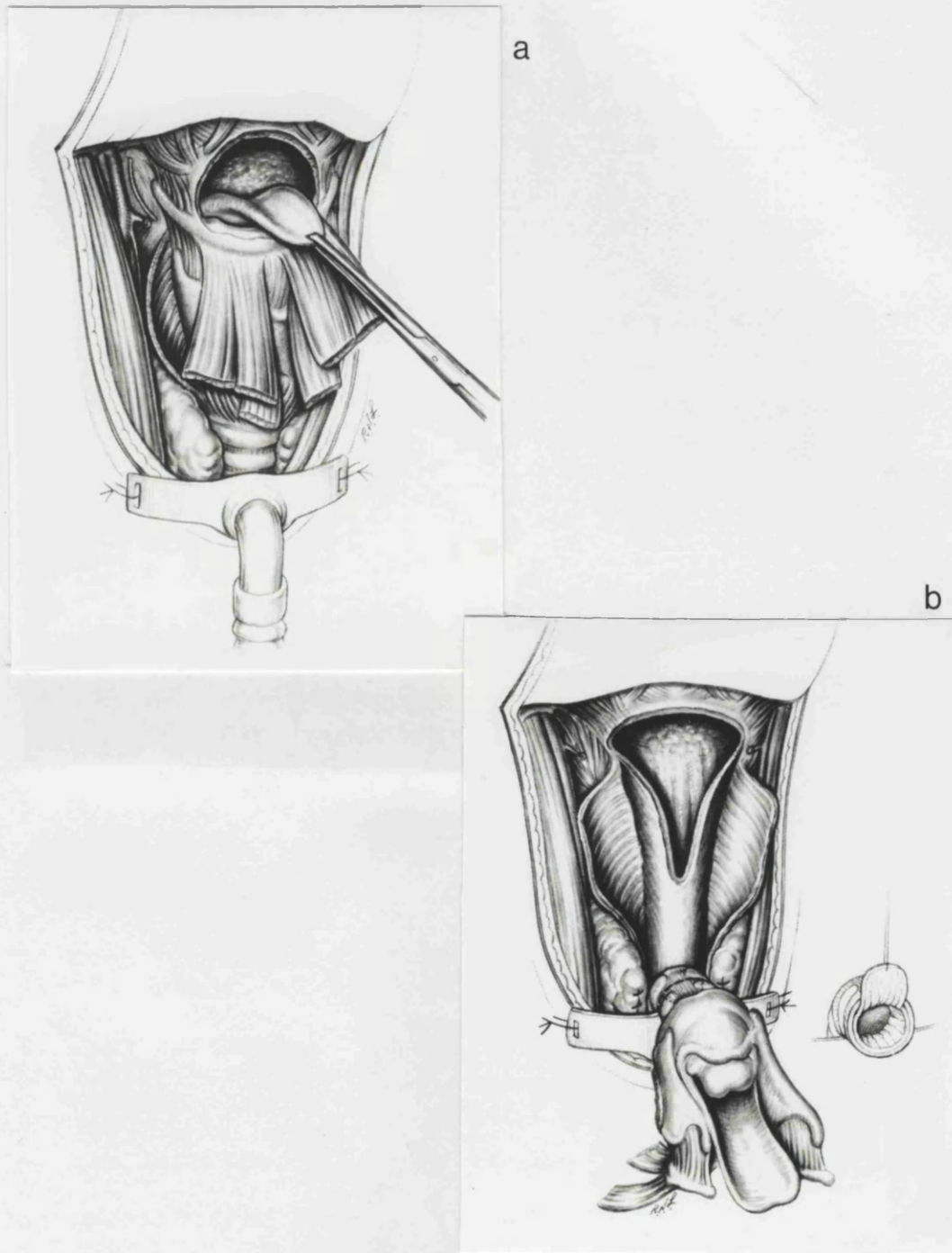
Embryo sticks to lining of WOMB. Its surface TROPHOBLAST cells fuse with, destroy and finally penetrate the ENDOMETRIUM (now called the DECIDUA).

Embryo now absorbs TISSUE FLUIDS and CELLULAR DEBRIS.

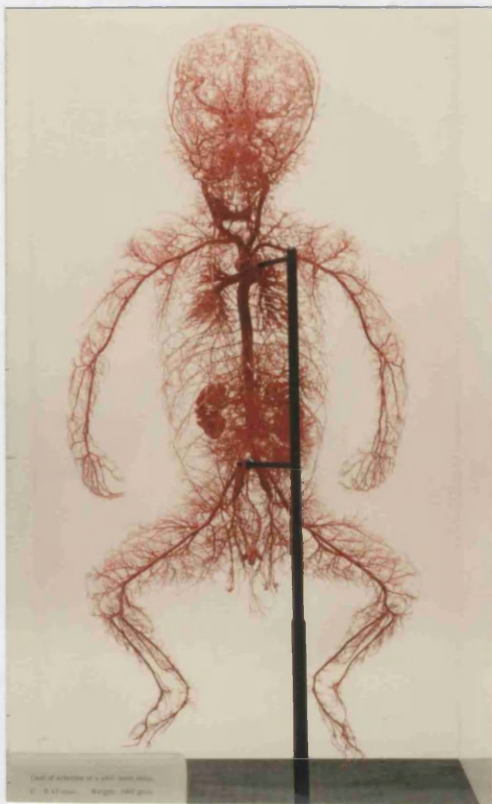
CHORIONIC VILLI - finger-like projections from the embryo invade mother's endometrial blood vessels.



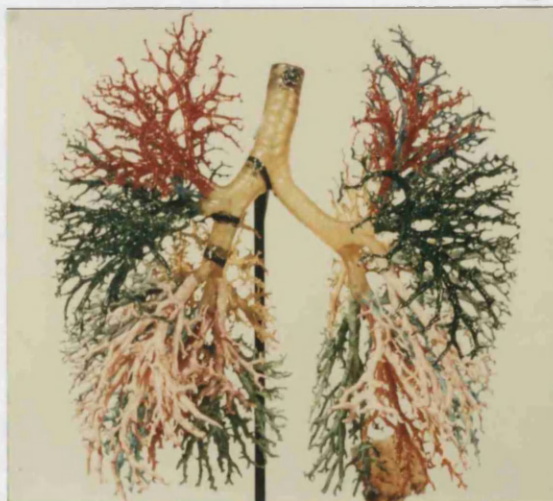
Uterine tubes and uterus in a cycle ending in pregnancy by Callander for Nurses' Illustrated Physiology by McNaught & Callander, Churchill Livingstone, 4th ed., 1975, p.109. By courtesy of the artist.



Two half-tone drawings from a series on total laryngectomy.
a. Delivery of the epiglottis.
b. Separation of larynx from hypopharynx and cervical oesophagus by Lane for Rob & Smith's Operative Surgery, Nose & Throat, 4th ed. 1983, p.322 fig.9 & 10.
By courtesy of Thomson Science.



a



b

a. Corrosion cast of the arteries of a still-born child, (K427.2), and
b. of the broncho-pulmonary tree of a man in which the alveoli have been trimmed (M2160.2), both by Tompsett. Reproduced by kind permission of the President & Council of the Royal College of Surgeons of England.

FOOTNOTES

No.

1. From Duckworth's letters to the author between 1988 & 1990.
2. Hamblins, the instrument makers, employed artists to produce fundus oculi paintings of patients as a service for ophthalmic surgeons & hospitals.
3. Major E. S. Rowbotham became a Consultant in Anaesthetics at Charing Cross and Kings College Hospitals after World War II.
4. From conversations and correspondence between Robinson and the author, 1988 & 1991.
5. From conversations and correspondence between Fairfax Whiteside and the author, 1988 & 1991.
6. From conversations and correspondence between Wadsworth and the author, 1988 & 1991.
7. Many medical artists had to work in primitive conditions and in unsuitable places, at the start of their careers, very different from some of the well-planned and equipped departments of the 1960s and 1970s.
8. From details supplied by the Cull to the author, 1992.
9. Editorial, 'Profile on Peter Cull', IMBI News, August 1985 no.91, pp.1-2.
10. Barber gave him this advice.
11. From conversations and correspondence between Cull and the author, 1988, 1991 & 1996.
12. From correspondence between Hammersley and the author, 1988. Very occasionally Arnott & McLarty took a student into their studio for a short time. Peter van der Maaden spent a few weeks there and Archer spent two separate fortnights with them in 1951.
13. Details from Callander's C.V. sent to the MAA in 1966 and from correspondence between him and the author, 1988 and 1991.
14. ECM, 13 February 1981.
 3. Business Arising from the Minutes.
 - vii All the earliest designs and most recent ones were inspected by Council, and it was finally decided that a design submitted by Mr P. Wilson be adopted as the Chairman's Medal, and also as a logo for Association's stationery. ...

In 1996 a jewel for the Honorary President was designed, made and presented to him.

No.

15. From an Obituary for Robert N. Lane by Archer in the MAA News, January 1990, p.4. and an Obituary in The Guardian, 15th September 1989.
 16. Letter MAA/LettHF1 in the MAA Archives.
 17. From an Obituary for Raymond Jack Last by Archer in the MAA News, May 1993 p.9. and an Obituary written by his son, Emeritus Professor John Last, of the University of Ottawa for the daily press.
 18. Dr D H Tompsett, Anatomical Techniques, Edinburgh & London, Churchill Livingstone, 1st edition 1956, 2nd edition 1970.
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PLANS TO FORM AN ASSOCIATION
AND THE SCOTTISH MEDICAL ARTISTS

In the past artists worked with anatomists and surgeons in their centres of research and, as we have seen, they were scattered across Europe in places as far apart as Florence, Rome, Vienna, Paris and London. It was unlikely that they ever met or even knew of one another's existence. In the twentieth century artists were beginning to be employed in hospitals and medical schools, but even in the confines of Britain very few medical artists knew of the existence of others and few, if any, had ever met.

Davison saw the need of a society to bring them together, she thought they were isolated and wanted to make them aware of the existence of their colleagues, so that they could learn from one another and help to improve standards, which she thought were very low, erroneously, when one considers the work being produced at the time by Maxwell, Tonks, Barber, Fairfax Whiteside and others. In fact, some artists were not aware of the presence of other medical artists even within adjacent districts in London, some felt that they were unique and alone in the field. As we have seen some artists went into medicine by accident rather than design, and without training. A few had a medical background, but most had seen very little medical artwork before they actually took up the career. If art school trained, they had studied the history of art, but apart from appreciating the anatomical works of Leonardo, probably had little knowledge of the great history of anatomical illustration until they, themselves began to study anatomy and physiology.

Although Maxwell and the other freelance artists did not feel the need to join any association, some (Donald & Cull particularly) of those in institutions did. They could see the possible advantages in having some negotiating body

to cope with conditions of employment and salary scales. Once the intention to form an association was publicized in the medical press, some of the more senior artists expressed an interest in it. The younger artists were particularly keen to meet the artists who, so far, were only names to them.

In America the need for an association had become apparent a few years earlier, probably because artists from the Brödel school were filling posts across the country and felt the need for a uniting body. The Association of Medical Illustrators was formed in 1945. Davison must have been mindful of the American association and its apparent success, with already eighty-seven active members, (1948-1949 period).¹ Shepley certainly knew of it, from his correspondence with Elizabeth Brödel. They probably thought that something along the same lines would be suitable for Britain.

It would seem from her correspondence at the time that Davison had not given a great deal of thought to the actual running of an association, or indeed, to the actual way an association worked. However, she was certainly persistent in her aims and with the backing of Shepley, who had only slight reservations, and the unenthusiastic but 'willing to go along with it' agreement of McLarty and Arnott, the plans moved quite swiftly. It was barely six months from the time of Davison's letter to Shepley on 11 October 1948 to the time of the first meeting on 2 April 1949. Considering that they were amateurs when it came to committee work, and in spite of their differences of opinion, they did remarkably well. There is no doubt that with regard to the Constitution, Tompsett's contribution was considerable. Others were concerned that the preliminary arrangements may not have been adequate. Many more thoughts and ideas were expressed by the four protagonists and others between the time of Davison's first letter and the first meeting. It was left to Shepley

to arrange with Arnott to hold the first meeting in Oxford on 2 April 1949.

The last letter recorded in his notes is one to him from Arnott,² sent on 18 January 1949. In his reply dated 2 February 1949, he wrote³:-

Many apologies for delay in replying to your letter of 18th January. I had to make sure that my visit at the time mentioned would not interfere with my duties here, and also to obtain the necessary permission from the University.

Saturday, 2nd April 1949, will suit me very well, and I look forward to making your acquaintance on that date. Thank you for the information regarding trains etc. I shall almost certainly travel by the night train, and arrive at Oxford Saturday morning. Day travel would be a waste of a day, and I want to see and do as much as possible in the time available. It is kind of you to offer to meet me and to put me up overnight, and I shall be glad to accept your offer.

The only recent letter I have had from Miss Davison I received at the same time as your own. She mentions the February date, and her objections to it. The matter of breaking my journey at Manchester is mentioned only indirectly. However, I would prefer to make different arrangements, since if at all possible, I am going to try and take the opportunity of visiting as many places as I can - the Postgraduate School at Hammersmith, Liverpool if I can fit it in, and possibly break my journey at Manchester on the way home. It seems a pity to come all the way just for 24 hours; also one can learn such a lot from other people. If I can obtain a week's leave of absence, I intend to do so. You may take it that I shall be present on 2nd April, and I shall let you have a card confirming this and the time of my train, towards the end of next month. Just now I am trying to obtain some information about other artists working in Scotland - there are others you know - and I shall either let you have this information, or have it with me when I come; this depends on how soon I receive replies. We are a retiring people up North, and work in solitude!

If Saturday, 2nd April 1949, should turn out to be unsuitable for anyone else, please let me know, and I shall try to alter my own arrangements accordingly. My students are on vacation from 18th March to 19th April 1949, and any time between those dates can be made to suit.

My regards to Miss McLarty. Yours sincerely,

THE SCOTTISH MEDICAL ARTISTS

(the fifth group of medical artists)

Shepley was anxious to bring in the medical artists who were working in Scotland in 1949. Davison's travels had not taken her over the border, so it was left to him to write⁴ to the administrators of the Universities of Glasgow, Aberdeen and St Andrews, Dundee to enquire about their possible employment of medical artists. The replies supplied the names of the following artists.⁵

No. 15. GABRIEL DONALD (1914-1997) of Glasgow
(Chapter 2.)

33. DONALD J. STEPHEN of Aberdeen

34. G.S. CAMERON of Aberdeen

35. ALBERTO MORROCCO of Aberdeen

36. WILLIAM CRUCKSHANK of Aberdeen

No. 10. ROBERT W. MATTHEWS of London &
(Chapter 2.) Edinburgh

Shepley wrote to each one outlining the aims of the proposed association and enclosing a questionnaire concerning their work and employment. He received replies from all six.⁶ The four artists at Aberdeen were all working in a part-time capacity on publications by Professor R. D. Lockhart.⁷ in the Department of Anatomy. They seemed to be contented with their work, were interested to hear of the new association and wished it well.

Donald and Matthews were enthusiastic. Donald's letter, dated 17 February 1949,⁸ reveals the state of his employment at the time.

Dear Mr Shepley, Thank you for your letter. I am most interested in the whole affair and enthusiastic about any move which will help to obtain more recognition for our work.

The following are the answers to your questions. If you can find time to drop me a note after you have been to the meeting and let me know how I stand in relation to the English artists in regard to salary etc. I would be grateful. Personally I think my salary is too low and when my term of appointment ends in two years I intend to press for an increase.

(a) Commenced part time 1937, Full time 1st Oct 1946.

- (b) Commencing salary £500 by £20 p.a. to £580.
Present salary £540 plus £100 Children's allowance.
- (c) Conditions of employment are very elastic, but I usually work from 9.30-12.30 and from 2 o'clock - 5 o'clock on weekdays and 12.30 on Saturday. Of course I often put in more time than this but that is from choice and I do not consider it part of my contract. In the summer I take six weeks holiday and the usual days off throughout the year.
- (d) I am officially recognised by the University and for the purposes of salary, allowances and superannuation I am classed as a lecturer Class II grade b. (I hope to move up to Class II grade a. at the end of my contract).
- (e) My qualifications are:-
 1. Diploma of Glasgow School of Art in "Drawing and Painting" with distinction 1935.
 2. Art Teacher's Diploma of the Board of Education in "Drawing and Painting" 1936.

If you require any further information I shall be pleased to let you have it. Yours sincerely,

Only part of Matthews reply remains, dated 9 February 1949, it lists his qualifications and details of his work.⁹

Art training: 7½ years as litho-artist and designer. 4 years Edin. Coll. of Art and Royal Scottish Academy Life School.
 Medical work: First Medical work about 1923, for Royal College of Surgeons, Edinburgh. Worked as freelance for many Fellows of that College, gaining experience in illustrating of Anatomy, Pathology and, to a lesser degree, Operative surgery and orthopaedics. Worked on Cunningham's Textbook of Anatomy, Jamieson's Regional Anatomy, etc., and made many drawings from life for Dept. of Clinical Surgery.
 Joined staff of E. & S. Livingstone, Medical Publishers, in 1946. Most recent work has been in Obstetrics & Gynaecology (Prof. Kellar).
 Have also illustrated works on Surgery (Prof. Illingworth), Anaesthetics (D. & J. Gillies), Genito-Urinary Surgery (Winsbury-White), Physiology (Bell, Davidson & Scarborough). Experienced in Medical Botany, Veterinary science and Biology. Work done in line, half-tone and colour.

Donald and Matthews applied and were accepted as Founder Members of the MAA.

FOOTNOTES.

No.

All letters are in the Pink File. MAA Archives.

1. Robert J Damarest (Ed.) The History of the Association of Medical Illustrators, 1945-1995, 50th Annual Edition, Illinois, 1995, Library of Congress Cataloging-in-Publication Data, 1995, p.12.
 2. Letter no.PF/Lett6, (Shepley's own notes recording his correspondence).
 3. Letter no. PF/Lett7.
 4. Letter no. PF/SA1.
 5. Letters no.PF/SA2, PF/SA3 & PF/SA4.
 6. Letter no.PF/SA12, Stephen.
no.PF/SA19, Cameron.
no.PF/SA18, Morrocco.
no.PF/SA16, Cruickshank, all of Aberdeen to Shepley.
 7. G T Hamilton, F W Fyfe & R D Lockhart, Anatomy of the Human Body, London, Faber & Faber, 1959-1965.

R D Lockhart, Living Anatomy: a photographic atlas of muscles in action & surface contours, London, Faber & Faber, 1948-1970.
 8. Letter no.PF/SA11, Donald of Glasgow to Shepley.
 9. Letter no.PF/SA13, Matthews of Edinburgh to Shepley.
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Chapter 6.

THE CONSTITUTION AND THE FIRST CHAIRMAN

Dr David Tompsett was first mentioned in a letter from Davison to Shepley, dated 14 February 1949,¹ in which she says that she suggested that he should visit Oxford to meet the two medical artists working there.

... Mr Tompsett just wrote to me - I suggested he went to Oxford as he was near. Miss A was v. impressed, said he was full of ideas & enthusiasm & would be a great asset - especially as he is "in" with London Surgeons. She asked him to write down his suggestions & this is his reply. I have written to him asking if he could not let us have an outline within a fortnight - everyone ought to have a draft of the proposed constitution by March, I think. I wish you would send your ideas to me and to Miss Arnott - couldn't you have a few carbon copies made so that several of us could have one...

You do want a selection com. to choose drawings for the Exhibition - not take any bad work sent in? I've written to Mr Knight (Bristol) J. of S. telling him all about it & suggesting that publishers can help us v. much by encouraging surgeons to send in better drawings! - where angels fear to tread..., I stamp in! I've written to Livingstones, Mr Macmillian will be grand.

You have still not told me if there is an artist in Glasgow. I had a note from Mr Smith saying that he had got the Belfast post. I was surprised - & pleased.

Oh, I forgot to say that I have seen some of Tompsett's published work & it is better than that done by the majority of medical artists. I have written 6 letters - there is no end to this game!

With kind regards. Yours sincerely,

Following his visit to Oxford in February 1949 and having expressed great interest in the proposed association, Arnott and McLarty decided to invite Tompsett to draw up a draft constitution and to take the chair at the first meeting in Oxford. It was probably thought that he would be able to handle the meeting (with his ideas and enthusiasm), of a group, mainly of women, with some authority. Tompsett said that he was used to committee work, and there is no doubt that he was able to push things on at quite a rate. His contribution to the establishment of the Association was considerable. He seems to have been extremely eccentric and rather domineering and there were many upsets in the Association

during his membership and Chairmanship, that is, until 1955. From then onwards, everything quietened down considerably and the administration ran smoothly under Donald's Chairmanship, with his gently commanding and calming influence.

Tompsett worked with some urgency at the Constitution and it is to his credit that there were relatively few criticisms of his original draft. One can imagine, if it had been left to Davison and Shepley to draw up a constitution, the whole thing might have dragged on for a very long time. Davison might well have made it so difficult that very few artists could have become members straight away, while Shepley might well have worked longer in trying to keep the Association from being too London or England dominated. Arnott and McLarty were probably quite pleased that they had the good idea of bringing Tompsett in at this stage, and that he was working so hard to complete the Constitution in time for the first meeting.

The first draft of a Constitution drawn up by Tompsett was sent to McLarty with the following letter, dated 28 February 1949.²

Here at last is the draft which I drew up while out in Switzerland. I hope that at least some part of it may prove useful, and that it will not arrive too late to be used.

I suggest that the draft should be sent to a few of the leading medical artists who will attend the meeting in April, for the purpose of founding an Association of Medical Artists.

It is intended that this draft shall form the basis of discussion when the Constitution of the Association is drawn up. However, either the whole, or a substantial part of it, may be quite unacceptable to the leading artists, who are chiefly responsible for initiating the movement to found an Association, and therefore it should be studied by these artists before the date of the meeting, and amended as they think fit. It is most desirable that a fair degree of unanimity shall be achieved by the leading spirits before the actual meeting.

It is essential for the success of this Association, that the objects it stands for shall win the respect and sympathy of the Medical Profession. For without active co-operation from the Association of Surgeons of Gt. Britain and Ireland the Association of medical artists will achieve few real benefits for its members.

There seem to me to be two special dangers which might shipwreck our endeavour:

1. That the surgeons might regard the Association simply as a 'Trade Union', whose principal object is to get more pay for less work.
 2. That medical artists may not be prepared to place the welfare of the Association in its critical first years, before what appear to them to be their immediate personal interests.
The most effective way to guard against these dangers, is to be fully aware of them, and to realise that moderation in policy and loyalty to the association will, in the long run, bring benefits to all medical artists.
- Yours sincerely,

A few days after writing to McLarty, Tompsett found it necessary to write to Davison concerning the membership. His letter is dated 1 March 1949.³

... I told Miss McLarty that I could not let her have this draft before the beginning of March, and I did in fact type it out yesterday and put it in the post straight away. Rather than make a false start in the foundation, it would be infinitely better to have a three months postponement of the all important initial meeting. I say this chiefly because I still hear such opinions as you pass on in your letter that 'We can't set a standard for membership'. I beg you, if this view is held by those pioneers who are attempting to found an Association, to hold everything, or we shall wreck the whole venture before it is even under way. We must set a standard from the very first, and take the long view, that it is better to have an association, which to begin with includes relatively few members, but all of them hand picked, rather than the disastrous policy of beginning by trying to 'build up membership' and think about quality later. I would emphasise that there need be no absolute obligation to accept as members everyone who is invited, or maybe, more or less invites themselves, to this initial meeting in April. Although this meeting will be, I presume, for the purpose of founding an Association, the first Executive Committee will have to be more or less self appointed before the meeting, and those who attend be simply asked to accept this committee for the purpose of founding an association. I would say that the position of those who attend should not be that of automatic founder members, but rather of people likely to be personally interested in the founding of an Association, and likely to aspire to membership, who have been asked to come along, firstly to learn details about the nature of the proposed Association, and secondly to offer suggestions for improving the draft of the Constitution which has already been drawn up and amended by the Pioneers. If the first self appointed Executive Committee feel that the suggestions are good ones they must at the same time reserve the right to reject them, even if a majority of those present at the meeting are in favour (that is, of course, assuming that the pioneers are fairly unanimous in opposing such suggestions). I have some experience of this work, and I cannot emphasise too strongly that in the founding of an Association one cannot

allow a mob vote to control anything so vital as the constitution. Later, at any general meeting an amendment altering the constitution may always be presented, and put to the vote, the difference being that at any but the first meeting those attending will be limited to bonafide members. Much of what I have said in this letter will only become clear when you have read the draft which I have sent to Miss McLarty. I hope that she will be able to send this on, or a copy of it, soon. I did not do several copies myself as time was so pressing.

I shall be going up to Edinburgh myself in April, to visit the department of medical art, more or less officially in connection with my work here. By which I mean that the college have approved of the visit and will pay my expenses. So if I can time my visit before the date of the Oxford meeting, perhaps I could do some useful liason work. But I do think as soon as possible a provisional Executive Committee should be appointed, and actually meet for a couple of days somewhere to thrash out the all important question of the constitution. Although this would involve members in some expenses, it would be quite in order at a later date for them to claim these expenses back from the Association provided that it is possible to enrol enough members at a membership fee sufficient to start some sort of activity.

As far as my own position goes, as I have already told Miss McLarty, I have no personal aspirations for a position in this association, but on the other hand, I am willing to do anything which I feel that I can undertake to help both in the foundation, and development of an association.

Yours sincerely,

Shepley received a copy of the draft from Arnott. He replied on 22 March 1949.⁴

Thank you for your letter enclosing draft Constitution prepared by Mr Tompsett. I have only had time to go through it very hurriedly and have not studied it in detail.

The draft strikes me as being somewhat involved, and might benefit by a certain amount of simplification; however I am in agreement with its main outline, and I think it will form a sound basis on which to work. ...

Regarding your enquiry about Professor Dott as a suitable person for the Selection Committee, this has been one of the reasons for my delay in replying to your letter. I would hesitate to recommend anyone else if Professor Learmonth, my immediate chief, would be willing to accept nomination. His professional and other qualifications are all that one could wish for. I had hoped to show your letter with the draft Constitution to Professor Learmonth, but unfortunately, so far, as you know, I have not had an opportunity to do so. It is due to his initiative that my department has been able to develop as it has; he has always shown a personal interest in medical illustration, and, having spent sometime in the States, has a sound knowledge of the subject. Professor Learmonth is a stickler for accurate and sound work, and is himself able to produce a very fair diagram or drawing. You may, naturally, have other names under consideration, and if so a decision can

be made at the meeting. I would, however, strongly stress Professor Learmonth's unique qualifications, if he is willing to accept nomination. His name alone would add status to the new association. In any case, I agree that one of the surgeons (or doctors) on the Selection Committee should be chosen from outside London. I think that answers all the points arising from your letter. I am looking forward to meeting you and the other artists.

Yours very sincerely,

Shepley was determined that Learmonth should be the first Honorary President of the MAA and made sure that he was kept in touch with all developments. He made some amendments to Tompsett's draft and streamlined some of the clauses.⁵ By changing the proposed name from the Association of Medical Artists of Great Britain to the Medical Artists' Association of Great Britain, he managed to avoid the unfortunate MAMA and FAMA abbreviations for Membership and Fellowship.

The draft sent to him by Tompsett and on which he has scribbled his amendments, has the President and Vice-President crossed out and Chairman and Vice-Chairman written in, by another hand, presumably that of Learmonth.⁶ In the final draft they kept the office of a 'chosen' President and 'elected' Chairman and Vice-Chairman.

Tompsett's recommendation for the status of a medical artist was "Not less than a Junior House Surgeon". Blackburn's amendment⁷ to substitute it for Junior Lecturer had possibly more potential. Her fear, which she noted, that the artists might be classed with the photographers and as technicians with regard to status and salary was certainly realised, as we shall see later.

An amended draft of the Constitution was put before the first meeting of the MAA on 2 April 1949.

A copy of the final, printed Constitution is in Chapter 7, Membership, pp. 197, 198 & 199.

FOOTNOTES

No.

All these letters are held in the Pink File in the
MAA Archives.

1. Letter no.PF/Lett.8.
 2. Letter no.PF/Lett.9a.
 3. Letter no.PF/Lett.9b.
 4. Letter no.PF/Lett.12.
 5. No.PF/Const.2, Shepley's amendments. (undated)
 6. Sir James Learmonth had 'run over the Constitution'
according to Tompsett's letter to Shepley,
no.PF/Lett.16, dated 7 June 1949.
 7. No.PF/Const.3, Blackburn's amendments,
28 March 1949.
-

Chapter 7.

MEMBERSHIP of the MEDICAL ARTISTS' ASSOCIATION

of GREAT BRITAIN

After the World War II, not only did more men take up Medical Art as a profession but, as a result of their wartime experiences, more women were attracted to the work as a full-time career. Of the forty men and women working as Medical Artists in 1949, twenty-four (seven men and seventeen women) became members of the MAA almost immediately. The men in the first group and most of the men working in Scotland at the time, were well established and apparently did not feel the need to join an association.

The lowest active membership was at the beginning in 1949 with 24 and the highest was in 1972, when the active membership jumped to 62. This rise in numbers was just after the last year, 1971, in which a candidate could apply for membership either by examination or under the Eight-Year Clause, which had been instituted in 1957. After 1971 and for a number of years the only way of becoming a member was through the MAA Training Scheme. The number of retired members continuing with membership grew from one in 1958 to twenty-two in 1997, so that half of the membership is made up of retired non-fee paying members. The other active half is the Association's main support.

During its existence thirteen members have died, five while active, eight during retirement, plus three who had withdrawn their membership.

Starting an association of medical artists at the end of the first half of the twentieth century, when it was gradually becoming a profession for some of those engaged in such work, must have seemed a very good move. However the protagonists were not unaware of some of the problems that faced them in setting up such an association.

To begin with, some of the organisers had very definite ideas concerning the membership. Davison favoured membership by invitation and made her ideas clear in her first letter to Shepley, dated 11 October 1948.¹:-

... but that its first act should be to invite to membership the best freelance artists & that they, should be available for the committee. If anyone can join we shall be swamped with a poor class of artist - as it is things will be difficult ...

Shepley preferred setting a standard for entry, but could foresee the problems. In his reply to Davison sometime between 14 and 27 October 1948.² he says:-

... it should be possible to set a certain standard of proficiency before admission to membership of the body was granted. This latter might be a difficult problem at the outset, since, as I see it, a committee would require to be set up, to examine and pass an opinion upon the work and abilities of prospective members. This would be a big snag, since who is going to elect such a committee, and when set up, will all medical artists accept their ruling? ...

By the time she wrote her second letter to Shepley, dated 30 October 1948.³ Davison had widened the field for membership:-

... Association at first should consist of all medical artists who have or have had posts in teaching hospitals or universities ...

His reply,⁴ (undated), is rather extraordinary and would seem to be a very good way to upset some potential members.

... Agree admit all practising artists at first; later when organised weed out by placing requests for membership before selection committee or by establishing definite qualification or proof of proficiency before admission ...

If some artists had been, at first admitted and later 'weeded out', one can imagine there would have been some very disgruntled medical artists.

Arnott voiced her opinion in her letter to Shepley, dated 18 January 1949,⁵ but linked membership with the first exhibition:-

... supported admitting all to the association & exhibition, on the grounds that the poorer artists would benefit by comparing their own with the better drawings shown ...

Although she was very keen to start the Association, Davison was most disappointed to find, on her visit to London "... The standard is deplorably low ..."⁶ Tompsett himself was cautious about going ahead too quickly as he said in his letter to Davison, dated 1 March 1949.⁷ (Chapter 6)

Before a membership could be seriously considered, the small group of protagonists of the project had to get some structure of an association formed and to do this it was necessary, as Tompsett said, to appoint themselves as the Executive Committee. This in itself could have caused problems, but the seven artists who formed the committee had so far kept the details of the proposed association very much to themselves, so that artists wishing to join could not do much more than go along with the arrangements put before them and at that stage were hardly in an informed position to argue or object to anything.

THE INAUGURATION OF AN ASSOCIATION AT THE FIRST MEETING

IN OXFORD ON SATURDAY, 2nd APRIL 1949^a

The first meeting was held at the Radcliffe Infirmary, Oxford at 10.30am on Saturday, 2nd April 1949 - "Dr David Tompsett was asked to take the Chair and the following artists were present who were interested in the project of forming a Medical Artists' Association".

The Meeting was held to inaugurate a Medical Artists' Association of Great Britain. It was unanimously decided that:-

Dr Tompsett be Chairman and
Mr Clifford Shepley be Vice-Chairman
Mrs Zita Blackburn Hon. Secretary
Miss Audrey Arnott Hon. Assistant Secretary
Miss Dorothy Davison Hon. Treasurer &
Miss Margaret McLarty and Miss Dorothy Barber being
elected members of the First Executive Committee.

The Chairman opened the Meeting by asking the Committee if the following was agreed upon:-

MEMBERSHIP (1) That this was limited at this moment to those present at this meeting.

NAME (2) That the name should be Medical Artists' Association of Great Britain, with the object of being recognised by the Medical Profession as the only Association representing British Medical Artists. These points were unanimously agreed upon.

CONSTITUTION The Chairman then read the proposed Constitution, and each clause was discussed and a number of amendments agreed upon.

The Meeting was then adjourned until the end of the afternoon after a General Meeting to be held at Nunnery Close, Wolvercote. A number of invited medical artists attended that afternoon meeting. Also a notice of the meeting had been put in the medical press, to which several artists responded. The Chairman explained to those present the reason for forming the Association. Confirmation was sought for the appointment of the Committee and the Chairman read the proposed Constitution, which was discussed and a number of amendments made. No record was kept of the artists who attended the afternoon session of the meeting at Nunnery Close.

Robinson and Archer⁹ were definitely present and McLarty remembered that the following artists were there in addition to the Members of the Committee:-

- | | | |
|-------|------------------------------|--|
| 35. | Mary Brown | Medical Artist, Leeds Infirmary |
| 36. | Joan Dewe | Freelance Medical Artist |
| 37. | Mary Hawker | Freelance Medical Artist |
| 38. | Dulcie Pillars | Freelance Medical Artist |
| 39. | Patricia Archer | Medical Artist,
The London Hospital |
| (15.) | Susan Robinson
Chapter 3. | Medical Artist,
West Middlesex Hospital |

As one who was present at that afternoon session of the meeting, the author thinks that it was quite an amicable meeting, she remembers very little about the actual business part, but still has a vivid picture in her mind of the tall lean figure of Tompsett leaping up and down, to answer questions, with one leg in what seemed an enormous plaster cast. In his letter to McLarty, dated 28 February 1949,¹⁰ he mentions that he had been to Switzerland.

THE AFTERNOON MEETING

The Executive Committee with Tompsett in the Chair reassembled at 5pm after the termination of the Invitation Meeting. All Members of the elected Executive Committee were present.

CONSTITUTION The Constitution was again considered Clause by Clause, most of the clauses were agreed upon unanimously, with the exception of a few, in which there was not more than one dissention. It was agreed to publish the Constitution which is dated 1949 as the Accepted Constitution of the Medical Artists' Association of Great Britain.

MEMBERSHIP FEE The chairman put to the Meeting the suggestion that £3.3.0 per annum should be the subscription, with the exception of a smaller subscription for Artists under the age of 24 years. This was put to the vote, and it was agreed that £3.3.0 should be the subscription with the exception of Artists under 24 years of age, who should pay half the sum, namely £1.11.6.

The following business was then transacted with reference to Secton III (1) of the Constitution.

FOUNDER MEMBERS

- (1) a. The Chairman was instructed by the majority of the Committee to produce suitable forms to be used for selecting candidates for election as Founder members.
- b. It was agreed that each Member of the Committee should be entitled to vote for admission or rejection of any candidate proposed.
- c. It was agreed that the division should be a majority of one.
- d. Only candidates whose work was personally known by a Member of the Committee should be sponsored.
- e. It was also agreed that the Committee in judging the merits of candidates should have either (1) Original work, (2) photographs, (3) published illustrations.
- f. It was agreed by majority vote that the Chairman should be allowed to use his full discretion within the limits of the above clauses a. to e. in the details connected with the admission of Founder Members.

CORRESPONDENCE

- (2) It was agreed by majority that all correspondence with reference to the affairs of the Association other than that between Members of the Committee should be dealt with by the Chairman, or the Hon. Secretary, with the exception, that the Chairman should have the authority to delegate special duties to Committee Members.

PUBLICITY

- (3) It was agreed that the Chairman should send a copy of the Constitution and a personal letter to Heads of Departments and Hospitals and Institutions likely to be interested in this Association. Individual Committee Members were asked to submit to the Hon. Secretary names and addresses etc. of people whom they thought should be included in this category.

EXHIBITIONS AND DISCUSSIONS BETWEEN ARTISTS & MEMBERS OF THE MEDICAL PROFESSION

- (4) It was agreed by majority that the Chairman should enquire if facilities were available for holding the above functions during the Spring of 1950 at the Royal College of Surgeons, and that if they were, he should make provisional arrangements, owing to the need to book rooms very early.

FURTHER BUSINESS

- (5) There was no time for further discussion and it was agreed that the details concerning the method of running Examinations and the Exhibition and the discussion should be dealt with at the next meeting of the Committee.

DATE AND PLACE OF NEXT MEETING

- (6) a. It was agreed that the Executive Committee should meet twice a year.
b. It was agreed that the next meeting should take place at the Royal College of Surgeons in the Autumn, date to be agreed upon suitable to all Members of the Committee.

The Chairman then closed the meeting at 6.30pm on the date of 2 April 1949. Signed David H. Tompsett, Chairman.

Shepley sent a copy of the amendments both he and Learmonth had made to Tompsett's draft constitution back to him and received the following reply, dated 7 June 1949.¹¹

...I must say I am most impressed that Sir James should take the trouble to run over the constitution. I entirely approve of the alterations. It is amazing how little defects of wording can escape one after so many periods of scrutiny. ...

It is most generous of Sir James to cover the cost of printing the constitution, even though we may not need 300 copies I think it would be quite a good thing to have that number, if it does not appear greedy, as reprinting at a later date is always expensive, and we do not anticipate any appreciable alterations. ... (fig.7.2a,7.2b & 7.2c).

I will let Mrs. Blackburn know that things are moving at your end. I at mine will arrange to get the forms out, so that in a couple of months at the latest we shall be in a position to contact possible future members, to find out if they would care to have themselves considered for membership. I hope that you will be able to contact the Aberdeen artists, and Donald of Glasgow. The line we must take is, first to get them interested, and then to tell them that we could put their names forward, but that their election would depend on a majority vote of the committee. And I think that the best way to get them interested is to send them a copy of the constitution, and then meet them and have a talk. Of course in the case of Class A we would only need to say that when the formality of notifying all members of the committee had been completed they

would receive an invitation from the Chairman to become members. Yours sincerely,

P.S. Do not expect too perfect liason through Mrs Blackburn. I suggest that if you write anything to her which you want me to know that you write largely on the top "Please pass on to Dr Tompsett", or something like that. Mrs Blackburn is not only our Secretary, but a housewife, a freelance Artist and a very keen golfer, so it is remarkable she can do what she does! ...

Shepley had already written to the Scottish Universities on 26 January 1949 and had received replies. (Chapter 5). Donald, who got on very well with Davison, said that she really did not want to run the Association herself, but she was such a strong personality with a determination to create, right from the start, such a high standard of excellence that even the selection of candidates as Founder Members was fraught with problems. Well established artists who were proud of their achievements and jealous of their reputations were swept aside as not being up to standard. The result was that the ranks of the original Founder Members were filled by prima donnas, all jockeying for positions of authority. Decisions taken in committee were flouted with impunity and brushed aside as the ladies interpreted the decisions as they pleased. "For a few years it was a chaotic and unhappy situation. ..." ¹²

After this first meeting in April and before the Autumn Committee Meeting on 1st October 1949, Tompsett aided by Blackburn and with the co-operation of Shepley sent out copies of the Constitution and the Application Forms to all the Committee Members. Medical artists were to be contacted by Members of the Committee and invited to have their names put forward and be sponsored by a Committee member. There were two classes of application and the appropriate form had to be filled in by the sponsor.

FORM A was for medical artists of proven ability. The forms, with references to the artists' work and signed by the sponsor were to be circulated around the Committee for majority approval.

FORM B was for less well-known medical artists. Their entry must depend on a majority vote, if they were not accepted they would be able to submit work for examination, sometime during the year.

Within the first year of the founding of the Association, a number of Founder Members were appointed. These included some of the artists who attended the first meeting at Oxford and a few others specially recommended and finally chosen by the Committee.

Tompsett wrote to the Committee Members concerning application for membership. His letter was dated in pencil, April 1950.¹³

Dear Committee Member,

Now that the Constitution has been printed, and copies are available, we are in a position to consider applications for membership.

There are two reasons why we should encourage all really competent medical artists to join our ranks without unnecessary delay. Firstly our effectiveness as a representative body depends on the extent of our membership; and secondly our financial difficulties will diminish as membership increases. Candidates for enrolment as founder members fall naturally into two classes:-

- A. Those with as much ability and experience as ourselves, and whose work has been widely published. Maxwell of Cambridge and Matthews of Edinburgh are typical examples of this class.
- B. Those who, while they are considered to have sufficient ability and experience to justify their admission as founder members, are less well-known.

I ask all Committee members to approach any medical artist who comes into either of these categories, and invite them to have their names put forward for election as founder members. All prospective candidates should be presented with a copy of the constitution, so that they may see what our Association stands for, and how it is intended to be run.

The election of artists in Class A should be done with the minimum of formality. It would be impertinent of ask for details of their training and experience. All we need is a reference containing their work, so that any member of the Committee who is unfamiliar with it may refer to it. Form A should be filled in by the sponsor and circulated around the Committee, so that any member who feels that a mistake has been made in classing the candidate in this group may record this by rejecting the application. If the majority of the Committee approves of the candidate, I would then write and invite him/her to join.

It will, in certain cases, be a little more difficult to decide which artists may be included in Class B. There cannot be any hard and fast rules about this. I therefore ask Committee members to put this question to themselves "Would this Candidate if elected be a credit or a liability to the Association". As an example of how this formula will work, I will cite the borderline case of a gifted artist whose medical work is limited. If such an artist works under the supervision of a really experienced medical artist, and is sufficiently aware of his or her limitations to seek advice when in

difficulty, and is also taking every opportunity of gaining more medical experience, it would be reasonable to sponsor him or her as a founder member.

All candidates in class B should be told frankly that their election cannot be considered as automatic, but must depend on a majority vote of the Committee; and that, if they are not accepted immediately there will be an opportunity for them to submit work to an examining board in the course of the year. Please read carefully and comply exactly with the notes at the foot of Form B.

If you have serious doubts about sponsoring any individual, the wisest course would be to consult another Committee member privately first, but no candidate may be officially sponsored by more than one Committee Member.

I enclose copies of Forms A and B and copies of the Constitution.

Yours sincerely,

Tompsett included a list of the Executive Committee with his letter. Following this mailing to Committee Members it was noted in the Minutes of a Committee Meeting at the Royal College of Surgeons in London on 1 Oct 1949 that:-

... the hon. Secretary, Mrs Blackburn reported that there had been many enquiries about the Association, both from practising medical artists, and artists who were considering taking up this work. All enquiries had been dealt with. In addition a list had been compiled by Committee Members of medical artists recommended by individual Committee Members as sufficiently qualified to be invited to become Founder Members. Also a list of heads of departments had been compiled, to whom the Chairman intended to send a copy of the Constitution together with a letter drawing attention to the existence and aims of the Constitution ...

On the 23 November 1949 the Honorary Secretary wrote to Arnott that¹⁴:-

... We have now 20 Founder members (this includes the Committee) and there are about two or three more we should admit, I will try and see them next week ...

The recruitment of members was not, however, without its difficulties. There were problems for what might seem the most straightforward of applicants and for the choice of examiners. Letter from Arnott to Shepley, 9 January 1950.¹⁵

... M. H. came ... She has had anatomical training & is equal to the 2nd MB medical student in this. All her exams have been signed. She is not at all bad. Zita didn't want her as a Founder Member, but Dr Tompsett did, and having seen quite a lot of her work we have passed her. She is a nice person, not exaggerated in any direction & we think will be an asset to the

Association. Zita has accepted our decision graciously!! Mrs T. has also been invited. She is an old hand I am sure you would agree ...

I am going to ask Professor Le Gros Clark about being on the board of examiners... We are thinking of asking Sir Lancelot Barrington Ward to be the surgeon examiner. He writes & is the Editor of Royal Northern Op. Surgery & has illustrations done. If he & Prof. Le Gros Clark agree, it would only be a question of whether they get on together all right ...

There were a few borderline cases which caused the Committee some concern. B. D. did not come up to the required standard but she was a protégé of Davison. Mrs T. was disapproved of because it was said that she had plagiarized some of Blackburn's and other artists' drawings. Tompsett voices his concern in his letter to Shepley, dated 18 January 1950¹⁶:-

... Zita tells me that she also has reason to complain about her drawings being copied without acknowledgement by Mrs T. She intends to bring the matter up (without any names mentioned of course) at our General Meeting, as a matter of ethics. I think that is all we can do. I have seen some quite original and I think you would agree, really excellent work by her. But I think that the fact that her work is so highly regarded, by such people as Prof. Hadfield of the Pathology Department¹⁷ here, is in itself sufficient reason for admitting her. We must now proceed to reform her!

My letter to the British Medical Journal¹⁸ is at last going to be published. I have included the dates of our exhibition in it, and if I hear definitely in time I will try to include the names of our examiners. I hear from Audrey that Prof. Le Gros Clark has consented. It would be excellent if we could also get Sir L. Barrington Ward. ...

Tompsett wrote to Shepley in a letter dated 29 January 1950.¹⁹

... I feel that if we only have to count Miss B. D. and Mrs T. as our doubtful founder members, we are fortunate, as in starting any association, one always has some claims which for one reason or another, it seems advisable to yield to. In Miss D's I was influenced by the fact that as Miss Davison had just been asked to resign from the committee, it would be most inadvisable to spurn her only candidate, especially as Miss D. considers that her standard is higher than that of many other members of the committee. And in the case of Mrs Trew, with Professor Hadfield backing her, and many other equally eminent men, I think that it is a prudent move to accept her. We cannot afford powerful rivals outside the association. but we must certainly see that this business of copying is aired at the general meeting...

My letter in the B.M.J. came out last week, 28th Jan. I enclose a copy of the letter which I am sending round to 35 heads of

departments in teaching hospitals, Universities, and one or two other hospitals. I enclose two copies so that you can give one to Sir James. He ought also to have received a list of members.

...

By the end of 1949, there were twenty-four Founder Members including B. D. and M. H. and although Mrs T. was made a Founder Member after all, there is no record of her accepting membership or ever paying a subscription. There is no record of Treadgold applying for membership or of her being turned down. It can only be concluded that she did not receive any sponsorship. She was invited to apply in 1951, an approach which she ignored. However, in 1961, once again she was invited to join and give her advice on the newly formed Training Scheme. This time she accepted, but withdrew her membership in 1968.

**FOUNDER MEMBERS OF THE MEDICAL ARTISTS' ASSOCIATION
OF GREAT BRITAIN²⁰**

<u>1950</u>		<u>1997</u>
1.	Dorothy Davison	(1890-1984)
2.	Clifford Shepley	(1908-1980)
3.	Audrey Arnott	(1901-1974)
4.	Margaret McLarty	(1908-1996)
5.	Dorothy M. Barber	(1905-1997)
6.	Dr David Tompsett	(1909-1991)
7.	Zita Stead Blackburn	
8.	Eric Alexander	
9.	Mary Brown	on retired list
10.	Joan Dewe	(1900-1975)
11.	Gabriel Donald	(1914-1997)
12.	Barbara Duckworth	on retired list
13.	Joan Fairfax Whiteside	on retired list
14.	Mary Hawker (Mrs Steele)	
15.	Elise Hewland	
16.	Douglas Kidd	(1903-1992)
17.	Professor R. J. Last	(1903-1993)
18.	Robert Matthews	
19.	Ann McNeill (née Brown)	on retired list
20.	Barbara Nicholson	
21.	Dulcie Pillars	
22.	Mary Purvis (Mrs Collinson)	
23.	Susan Robinson	on retired list
24.	Helen Wilson (Mrs Rosenfield)	(1903-1971)

According to instructions at the first meeting, Tompsett wrote to the Heads of Departments in the Universities and Teaching Hospitals to inform them of this new Association, which might very well concern them in the future.

30 January 1950.²¹

The Committee of the Medical Artists' Association of Great Britain feels that the medical profession generally would be interested to hear about this association, which was founded at Oxford in April 1949. And so I, as Chairman, have been asked to write a letter to the heads of departments in hospitals and colleges to tell them.

But the principal reason which prompts me to write this letter, is that unless the association has the approval and support of the medical profession, its usefulness will be greatly reduced. We are fortunate in having as our honorary President, Professor Sir James Learmonth, to whom we are indebted, not only for wise counsel and moral support, but also for real and material assistance.

I enclose a copy of our constitution, which sets out our objects and the rules which govern our affairs. Twenty-four founder members, all of them experienced medical artists, have been elected, and further admissions will be by examination only.

I enclose a list of these founder members, and from the number who hold hospital or university appointments, it is clear that there is a fairly generally accepted view that there is a useful role for the skilled medical artist.

In the past the economic position of medical artists was extremely precarious. One or two did very well, but the majority had either to supplement their earnings from medical work by some other remunerative activity, or were able to manage only because they had some private means.

The future of medical art as a skilled profession is equally precarious. In order to become a satisfactory medical artist the individual must not only be intelligent and naturally gifted, but also undergo at least five years' training in fine art and medical work.

We get many enquiries from young people who are considering training for this work, but in every case we have to warn them that the chance of obtaining a salaried post is at present very small, and that the position of the freelance medical artist is most insecure.

There will always be a number of mediocre and inadequately trained artists eager to supplement their earnings by undertaking medical work, but if there is to be a supply of competent and well trained medical artists, it is essential that more salaried posts should become available.

At this moment some of our best medical artists are training a few carefully selected pupils in medical work. If a number of hospitals and institutions were prepared to inform this association that they would be willing to engage a full-time artist, provided that a satisfactory candidate were available, and to keep this offer open if necessary for a period of years, then the Medical Artists' Association on its side, will

guarantee to produce suitable candidates to fill the posts in the course of the next few years. But in these days it is not possible to persuade intelligent and gifted young people to undergo the expense of five years' training, unless they can see at the end of this period a reasonable certainty of regular employment at a remuneration comparable to what they might expect after five years' training in some other profession which requires intelligence and ability.

An exhibition of the work of our founder members is to be held at the Royal Society of Medicine from 27th March until 1st April. The committee of this association hopes that you and any of your colleagues who may be interested will be able to come along and see it.

Yours sincerely,

Chairman: Medical Artists' Association
of Great Britain

- Enclosures: 1. Copy of Constitution.
2. List of founder members.
3. Invitation card to exhibition of medical art.

figure 7.1

22

MEDICAL ARTISTS' ASSOCIATION OF GREAT BRITAIN
Honorary President: Sir James Learmonth, K.C.V.O., C.B.E.

AN EXHIBITION OF MEDICAL ART BY MEMBERS
OF THE ABOVE ASSOCIATION WILL BE HELD
AT THE ROYAL SOCIETY OF MEDICINE FROM,

MONDAY 27th MARCH 1950
TO
SATURDAY 1st APRIL 4 p.m. 1950

A CORDIAL INVITATION IS EXTENDED TO ALL INTERESTED

Admission Free

It was rather a lot to ask of hospitals and institutions to keep any offers of posts open until a MAA Trainee was available. It would have been excellent if this could have been done, but once money was available for a post, it was as well to fill it as soon as possible in case the grant should appear not to be needed urgently and be withdrawn. As the Association became known among medical men and medical administrators and since it has had a number of students qualifying every few years it has gradually had some influence on the employment of artists in medical institutions.

Following the selection of the Founder members which took place in the first year only, a form of examination was set up for future applicants. Those medical artists who were not given Founder Membership were required to apply for membership by examination. Applications were required to be accompanied by a selection of medical work, to be judged by an examining committee.

Details of the Constitution of the Board of Examiners was drafted and the application forms were decided upon at the Executive Committee Meeting at the Royal College of Surgeons on 1st October 1949.

APPOINTMENT OF THE FIRST BOARD OF EXAMINERS

It was decided that Mr Shepley should be Chairman of the First Board, and that Miss Audrey Arnott should be the other artist examiner. The Hon. Sec. was asked to write to Sir James Paterson-Ross, and invite him to be one of the Medical Examiners and suggest to him if he accepted this invitation, Prof. Le Gros Clark or Mr I. James should be invited to be the other examiner.

Examination Fee It was agreed that this should be 10/-

Examiners Expenses It was agreed that these should be met out of the funds of the Association, but that no fee should be paid to those acting as examiners.

Forms It was agreed that suitable forms for guidance of examiners in procedure, and for the use of candidates, incorporating the decisions recorded above, should be drawn up by the Honorary Secretary and Chairman.

THE BOARD OF EXAMINERS FOR MEMBERSHIP²³
1949-1971

The first Board of Examiners was formed as follows:-

1949-1950 Cliifford Shepley.....Chairman.
Audrey Arnott.
Professor Wilfred E. Le Gros Clark, FRS FRCS,
(1895-1971), Department of Human Anatomy,
Oxford University.
Sir Lancelot E. Barrington-Ward, KCVO FRCS,
(1884-1953), Consultant Surgeon.

In 1951 it was decided that Shepley should retire from his position on the Board because he was a tutor. Arnott took his place as Chairman and Wilson was invited to take Arnott's place.

1951-1952 Audrey Arnott.....Chairman
Helen Wilson.
Professor Wilfred E. Le Gros Clark.
Sir Lancelot E. Barrington-Ward.

In 1952 Sir Lancelot Barrington-Ward resigned and was made an Honorary Member.

The following eminent members of the medical profession were suggested and it was agreed that the Chairman should write to them in the hope that one of them would accept an invitation to replace him.

Sir Harold Gillies, FRCS, Plastic Surgeon, Basingstoke.
Professor Dorothy Russell, MD, Pathologist, The (Royal) London Hospital.
Professor Charles P. Illingworth, FRCS, (1899-1991).
Illingworth accepted.

1953-1956 Audrey Arnott.....Chairman
Helen Wilson.
Professor W. E. Le Gros Clark, FRS,FRCS.
Professor C. P. Illingworth, FRCS.

In 1957 Arnott, Wilson and Professor W. E. Le Gros Clark resigned. Barber replaced Arnott. Davison and Last became Joint Chairmen.

1957 Dorothy Davison & Professor R.J. Last, Joint Chairmen
Dorothy M. Barber.
Professor C. P. Illingworth, FRCS.

The Joint Chairmanship did not last for long.

1958 Dorothy Davison.....Chairman
Dorothy M. Barber.
Professor R. J. Last, FRCS.
Professor C. P. Illingworth, FRCS.

In 1963 Joan Dewe replaced Dorothy M. Barber who retired.

1971 Professor Roger Warwick, MD ...Chairman
Anatomy Dept., Guy's Hospital Medical School.
Professor Owen J. Lewis, MD, Anatomy Dept.,
St Bartholomew's Hospital Medical College.
Pat Archer.
Peter Cull.

THE FIRST EXAMINATION for membership took place at the Royal College of Surgeons, Lincoln's Inn Fields, London on 31 March 1950.²⁴

There were three successful candidates:

Miss Court

Miss Joy Trotman

G. S. Smith

Of this first group of candidates only two were immediately successful, Miss Court and Mr G. S. Smith. It should be noted that the former was a student of Dorothy Davison, the latter a student of Shepley. Miss Joy Trotman was asked to present a wider scope of work than her speciality, ophthalmology. This she did and was then accepted as a member.

SUGGESTIONS FOR WIDENING THE MEMBERSHIP OF THE MAA

Occasionally, during the course of the existence of the Medical Artists' Association it has been suggested to the Council that, because the Membership is so small, the Association should be opened up to other graphic artists doing different types of work and/or others associated in some way with medical artists and their work. However, it has always been felt that, if artists from other disciplines were allowed in, the MAA could so easily be swamped and lose its character, and no longer be the unique association it is. So this proposal has always been turned down, not always by the same people, but by whoever was in office at the time.

The very first suggestion was made at an Executive Committee Meeting on 27 October 1951,²⁵ when it was noted that:-

... After discussion it was agreed that artists working in the various branches of Biological Science should be eligible for Membership of the Medical Artists' Association ...

Nothing came of this suggestion at the time.

It was not until the 7th AGM held on 14 April 1956²⁶ that it was minuted that:-

... Mr Cull then asked the meeting to consider whether it would be possible to strengthen our Association by drawing in experienced members of the profession outside the Association. After some discussion Mr Shepley proposed that artists with not less than six years experience should be free to apply for membership without examination, seconded by Miss Davison. A counter proposal of eight years made by Miss Barber and seconded by Miss Hewland was carried, an amendment to the Constitution to be prepared in the appropriate manner ...

The subject of enlarging the membership was mentioned again at the Executive Committee Meeting held on the 5 October 1956,²⁷ and refers to making some approach to medical artists only:-

... Ways of broadening our membership were considered, and it was agreed that members should be asked to submit names to the committee of any artists personally known to them who might be eligible for membership when our amended constitution came into force. It was agreed that very little could be done about standardizing our training methods until we were representative of a higher proportion of those practising medical art in the country ...

As a result of contacting other artists and having names put forward by the members, a number of medical artists were found who were quite keen to join the Association. So in 1956 it was suggested that provision should be made for established medical artists to enter the Association, if they wished, without having to take a formal examination. This form of entry became known as the Eight-Year Clause.

It was not until the following year that this Clause came into operation. It is noted in the minutes of the 8th AGM held on the 13th April 1957 that²⁸:-

... Mr Donald reported that the amendment to the Constitution as proposed at the previous Annual General Meeting, had been circulated to all members, and that it was now appropriate to take a general vote. After some discussion this amendment was carried unanimously:-

Medical Artists with not less than eight years experience should be free to apply for membership (of this association) without submitting work to the Examining Board.

Mr Donald then asked for some suggestions on the best way of approaching those artists who might be affected by this constitutional change. It was proposed by Professor Last and seconded by Miss Davison that names should be proposed and seconded by members and submitted to an election committee. Carried unanimously. It was then proposed by Prof. Last and

seconded by Mr Shepley that the executive Committee should act as the Election committee. Carried unanimously ...

So in April 1957, the Eight-Year Clause was added to the Constitution which enabled a number of more senior and experienced medical artists to join the MAA who would not otherwise have done so. Applications had to be accompanied by a number of pieces of work in a variety of media. It is interesting that Davison herself seconded this proposal; she must have thought it was reasonably safe against 'second class artists', as she had proposed an Election Committee.

Several artists were invited as Guests at the 9th AGM held on the 26th April 1958.²⁹ Val Asta, Graphic Artist at University College and his wife, Jane de Vere Asta, of University College Medical School were among them and subsequently became members.

This form of entry continued together with that of entry by examination until 1971. After that date the only way of becoming a member of the Association was by the MAA Training Scheme, and acquiring the Certificate of Proficiency, which led to membership, after one year. Later, membership was immediate for In-post Students, who had work experience. Full-time Students, without work experience, were required to do two years in employment before being able to apply for membership. Later this was reduced again to one year. Students on the present MAA Postgraduate Programme and the University - based Courses at St Bartholomew's Hospital, the University of Manchester and the proposed one at the University of Cambridge obtain membership immediately on qualifying. The MAA is represented at the final examination, at St Bartholomew's and at Manchester University by the Chairman of the Board of Examiners, to ensure the continuance of MAA standards.

The subject of the 'Status of the Association' was discussed at the 10th AGM held on 20 April 1959.³⁰ and included for the first time the question of registration as well as that of strengthening the Association:-

... Mr Donald then reported that he had made a number of enquiries concerning the possibility of obtaining a Royal Charter or registering the Association in some way. He then read two letters from a solicitor which made it clear that any registering of our society is not appropriate to our particular circumstances and after some discussion it was generally agreed that there was nothing further to be done at this stage.³¹

Mr Donald then asked for suggestions concerning the strengthening of the Association and Mr Kidd made the following proposal: "That this Association should be open to receive associate members, having been proposed by a member and approved by the AGM". The proposal seconded by Joy Graham. This was not carried - eleven votes for, and fourteen against. Owing to the closeness of the voting the Chairman allowed us the unconstitutional privilege of further discussion, but after a further exchange of views the voting remained the same...

It is not made clear in the minutes what exactly was meant by associate members, it may be presumed that it meant unqualified and therefore not full members. Eventually a Subscribers List was instituted for artists unable to qualify for membership, but who were keen to receive the MAA News and notice of MAA Conferences and Workshops.

The following year, at the 11th AGM held on 23 April 1960,³² student membership was mentioned for the first time.

In his report the Chairman, Mr Donald said:-

... that as our opinion on associate members was very divided he felt that we should re-open the discussion. A proposal that we should have student members who could attend the AGM by invitation, but who would have no voting rights, was made by Miss Graham and seconded by Miss Becket, but this was not carried ...

However, this was followed up in 1963 at the 14th AGM on 27th April,³³ after the MAA Training Scheme had started and the first two students had taken their examinations:-

... The question of Student Membership was raised, hope being expressed that this would help to retain the interest of young artists who were not yet experienced enough for full membership & also of those who were going through their training. It was proposed by Mr Kidd & seconded by Miss McLarty that the Association admit a form of Student membership. The proposition was passed with only one against. Mr Kidd further proposed that a limit of five years duration be put on each student membership. This was seconded by Miss Davison and carried unanimously. Another proposal that student members should not have the power to vote was put by Miss Davison and seconded by Miss Holt. This too was carried unanimously. Qualifications for

student membership should be as follows:-

1. Must be introduced by full member.
2. Should be prospective candidate for membership.
3. Not to be allowed to take part in exhibitions.
4. To pay annual subscription of 10/6p.

These qualifications and conditions were proposed by Mr Cull and seconded by Miss Duckworth. ...

From 1971 until 1985, membership was restricted to the Association's own students. However there was one 'Special Entry' in 1983 a former medical student. She was required to show a portfolio of her original work and her published work to the Examining Board. It was decided that as her work was of a reasonable standard and as she was seen to be earning her living doing medical artwork, she should be accepted.

There were no great upsets or incidents in the regulation of the Membership of the Association until the mid-1980s. In 1984 it was suggested that there were several artists outside the Association, who nevertheless were working in the field of medical art and were worthy of membership. In the first instance a form of 'Mature Entry' was drafted, which might accommodate experienced applicants being, 'a discretionary form of entry aimed at admitting to the Association those persons who by reputation and evidence have made important contributions to the theory and practice of Medical Art'. Admission would be at the discretion of the Council. In 1985, the Discretionary Entry was instituted, with reservations from some members of the Council, but these were somewhat allayed at the time by the fact that the Council itself had absolute discretion, over the acceptance or otherwise of the candidates.

The Honorary Secretary by this time was, in fact, the member who had come in by 'Special Entry' and her obvious enthusiasm to get others into the Association probably caused her to write, unknown to the Chairman and Council, and invite several members to apply, instead of waiting for applications to come following publication of the notice in the MAA News and by personal communication.

She wrote the following letter to a number of artists, it was undated, but probably of about late October 1985.³⁴

I thought you would be interested to know that the Executive Council at its meeting on 24 October approved a new method of entry into the Association.

The wording of this particular form of entry is as follows:-

'That this should be a discretionary form of entry, aimed at admitting to the Association those persons who, by reputation and evidence have made important contributions to the theory and practice of medical art. Admission is at the discretion of the Council'.

Should you be interested to pursue membership of the Association through this method of entry, perhaps you would like to write to me at the above address.

In order to consider for membership we are asking that prospective members should submit a full curriculum vitae and a folio of work. Our next Council meeting is on Thursday, 5 December 1985.

I look forward to hearing from you soon. ...

Attached to this letter is another almost identical but addressed directly to one of the candidates (Candidate A), however, it ends as follows³⁵:-

I have been instructed to write and invite you to submit a full curriculum vitae and a folio of your work, to the Executive Council for their meeting at St Bartholomew's Hospital on Thursday 5 December 1985 at 2.00pm, for consideration for membership.

I look forward to hearing from you soon. ...

The Chairman and some members of the Council found this rather extraordinary, especially as it was made quite clear that no approach should be made to candidates. This action made the situation very difficult in the event of any of these candidates being rejected (which is what happened). The virtual invitation from the Honorary Secretary to hasten these artists to submit work by the time of the next Council Meeting probably contributed to their not giving enough consideration to their portfolios. Those artists interested were expected to respond to the October 1985 edition of the MAA News,³⁶ into which the Chairman had inserted the following notice:-

Following a number of enquiries about the possible entry to our Association by bona fide medical artists other than by our (1) FULL-TIME and (2) IN-POST COURSES, we set up a sub-committee to explore the matter. This committee asked Council, at their meeting on the 4th July to consider the following:-

(3) DISCRETIONARY ENTRY.

- Available only to persons of confirmed ability and long experience.
- Normal minimum of 20 years in the field of professional art including at least 10 years in Medical Art.
- Applicant is required to produce a comprehensive portfolio of work.

Among other matters which will be taken into consideration are:-

- (a) Evidence of experience reflecting recognised ability and professional standing.
- (b) Evidence of contributions to the professional field of medical illustration.
- (c) Evidence of contributions to research in medical illustration.

The requirements of this method of entry make it the most difficult to achieve.

The above guidelines were then agreed in principle and adopted by Council. Finalisation of these guidelines will be done at our next Council meeting on 24 October 1985. ...

It was decided that, after a candidate's initial enquiry, some guidelines should be sent to them, but it seems that the Honorary Secretary was writing to prospective candidates yet again. She sent a cutting of the notice from the MAA News to the Chairman with a note to say, '+ with this (the following), I am sending the enclosed photocopy from our News - stating that I have been asked to bring this to their attention'.³⁷

In reply to your enquiry about the discretionary form of entry into the MAA, I am writing to try and give you some idea of what we would like to see in the way of a folio. It should include work in as wide a range of subjects as possible and in as many types of media as possible. As a guide our MAA Diploma candidates cover the following subjects and I suggest that you try to include examples showing as many of the following subjects as you are able:-

Anatomy, pathology, operative surgery, clinical appearances, microscopy, endoscopy, scientific apparatus and instruments. Design for printed matter including typography.

Material to used for TV and film, statistics, tape-slide programmes, exhibition and moulage work.

Diagrammatic illustration of scientific information of a conceptual nature. ...

The outcome of the first examination for Mature Entry held on 5 December 1985 was that Candidate A was accepted but but the other two applicants, Candidate B and Candidate C failed.

In the case of Candidate A, there were seven votes in favour, one abstention and 3 non-voters.

In the case of Candidate B, there were two in favour, three against and two abstentions.

In the case of Candidate C, the Council was unanimously against.

Two members of the Council were absent from this meeting. Following it, the Chairman received letters from three Council Members, two of them concerned about their decisions and wishing to alter them. They were all dated 6 December 1985. The first letter³⁸:-

... Normally my view is that people who don't attend a meeting have no right to complain if their views are not taken into account. On this occasion however I hope you may see the situation differently.

Frankly I was appalled by the decision to turn down the application from (Candidate B), a decision which I understand was made on the basis of 3 FOR, 4 AGAINST and 4 ABSTENTIONS!

The underlying aim of instituting this category was to give further strength to the foundations of the association and to give further credance to its claim to be the body representing Medical Artists - this to be achieved by admitting the few remaining individuals whose age, experience and position in the profession precluded their proceeding through the training scheme.

I have seen his portfolio of work and I would admit he has perhaps not presented himself in the best possible light. I would also admit that his work cannot be judged as being anything more than adequate. But, it is in fact better than some that have in the past been awarded Fellowships!. But it is the political ineptitude of his rejection that astounds me.

Here we have a man, an important man on the management of IMBI who is anxious to join the MAA. - He is obviously socially responsible holds a senior post in a University hospital of some importance and we have the temerity to say he is not good enough to be a member. If this decision is upheld we could well regret it forever. I could well foresee his reaction within IMBI to be such that 'sour relationships' could well turn into the most unpleasant form of warfare...

We are not looking for people of Fellowship level but people who are going to contribute. I repeat- I was astounded! and I would strongly recommend that we reconsider his case...

As for (Candidate C) - there is among the pieces in his portfolio some first class pieces of work. There are also some suspect graphs and charts - we are not looking for chartists. I doubt that more than a few of our present members could produce the Ross-board drawings that (Candidate C) showed. Again I am amazed that we should go to such lengths to cut our own throats. You will gather that I feel very strongly about this. I am passionately loyal about the MAA and about standards - I

also however recognise that without a degree of political awareness and flexibility the MAA is extremely vulnerable. I do hope that you don't find my comments offensive - they are not intentionally so ...

The second letter³⁹:-

I thought I would write to you for two reasons after quite a controversial council meeting last Thursday.

Regarding the applicants for mature membership, I felt that there was not enough time to adequately assess the last two people who were failed. I was in doubt about both, firstly because I do not think that they had been properly informed about what they actually were supposed to show and secondly because council itself had no definite guidelines by which to judge. Lindsey's criteria was for academic paper writing and research but I don't think that many of us would qualify on that basis. I think that applicants should show their technical excellence in graphics (not "illustration" as this includes photography) production, especially surgery or anatomy over as wide a range of media as possible. Separately they show examples of their day to day work. The trouble with (Candidate B) was that there was too little shown and no indication as to how it was used. Every piece should have its history written on the back.

The other chap whose name I have forgotten showed some good and very bad work. Thinking about it later, if he had left out the line drawings then we may well have accepted him.

I would like to suggest that we have another look at the next meeting or before and reassess them both. Also I think it is imperative that all members of council give their verdict for any such applications as it is not a decision to be given lightly. ...

The third letter⁴⁰:-

I feel I have to write to you in your capacity as Chairman, because I was dismayed over the way Council reacted to the Submissions of the three applicants for Membership under the new scheme.

Perhaps I should have said more at the time but I have to admit that I had a headache and was very tired having been on the go since 5am. What is more I seemed to have been challenging other peoples views all day!

Surely the few outsiders who we are likely to get must be considered on more than just their work. There are good reasons why we admitted (Candidate A) and many of them apply to (Candidate B) as well, although in a less obvious way. (Candidate B) is accepted and respected by the Medical profession and although his work may not necessarily be to MAA standards always, he is a leading champion of the Artists cause in IMBI and I know he would be a very loyal and valuable and hard-working member of the MAA if he was to be with us. Politically we need people like him if we are to survive and thrive.

(Candidate B) is a good friend of mine and I felt probably rather foolishly, that I should abstain from voting for fear of showing favour. However I got the feeling that others were not

altogether happy with the decision, and that had he submitted more work and been less hasty with his application he would have been successful.

Can we do anything about this without causing hurt or embarrassment. ...

Their letters confirm the opinion that:-

- a. these candidates were hurried into applying and submitting work and
- b. the Council was not the right body to do the assessing.

The Chairman was extremely anxious to be as fair and as reasonable as possible with a Council, which was after all, trying to reverse its own decisions. She wrote the following letter to all Members of Council, dated 13 December 1985⁴¹:-

Dear (Council Member)

Since our meeting on the 5th December and our consideration of applications for membership via the discretion of the Council, I have received letters from three members of Council, (copies enclosed) concerning two of the applicants.

What happened at our meeting cannot be altered and has to be minuted. It is highly irregular to go back on a vote, however I want to be scrupulously fair, and appear to be, to both applicants and Council, so I have delayed a decision until after our next meeting, on the grounds that some members of Council were absent on the 5th, and as this form of entry is specifically at the discretion of Council, it is essential that every member has the opportunity to assess the applications and record a vote. I enclose a copy of my letters to the two applicants and I have written to (Candidate A), congratulating and welcoming him as a Member of the Association.

Personally, I was rather surprised that we received three applications so soon. We knew that (Candidate A) was ready to submit and didn't expect any complications. One wonders if the other two rushed in without due consideration to all that is required. It seems they did not write for any more details or information and may have been precipitated into applying by the letter encouraging them to do so. It was my understanding that no letters or invitations should be sent to any prospective candidates, but that they should get to know of the scheme via the MAA News. I note that this was not minuted (24th Oct.) and think it should have been, also "The requirements of this method of entry make it the most difficult to achieve" was left out of the guidelines in the last minutes (24th Oct.) and should be there. ...

The following are a few notes as I see it. We have actually put in our Guidelines, that applicants should have in their C.V.'s and portfolios - evidence of important contributions to the theory and practice of Medical Art; evidence of experience reflecting recognised ability and professional standing; evidence of contributions to the professional field of Medical

Illustration and to research in Medical Illustration. Surely all these things must be there to see, it is not for members of the Council to go by hearsay. While the political aspect may be important in certain cases, no less attention should be given by the candidates or by us to the other aspects. In our eagerness to strengthen the Association in numbers, we must take care not to dilute it in quality. The reason others are anxious to join our Association is because we have kept our standards, if we let them go, there may not be the same incentive for others to join our ranks. Above all we must try not to over react, the decisions were not so astounding, considering what we actually had before us.

In the Constitution, the voting rights are as follows:- the Hon. Sec. and Hon. Treas. can vote, co-opted members to fill a vacancy (no more than 12 Councillors in all) can vote, but invited persons to advise have no vote. I will see that this is noted at our next meeting.

Although I would rather there was as short a delay as possible in this matter, I'm afraid a meeting before Christmas is not possible and one or two members will be away in January. If there is anything urgent you would like to say to me and other members of Council do not hesitate to write and I will circulate any communications. Mull over the enclosed letters, my 'impartial' notes, your own thoughts and come well prepared to discuss the scheme again at our meeting before we reconsider these applications.

I do hope that my actions will meet with your approval.

A Merry Christmas and Happy New Year. ..."

The two applications in question were reviewed at the next Council Meeting on 6 February 1986, at St Bartholomew's Hospital.

Candidate B received 7 votes in favour and 2 against.
Candidate C received 8 votes in favour and 1 against,
consequently they were accepted as Members.

One other candidate, Cynthia Clarke, a freelance medical artist was accepted unanimously by the Council at a meeting on 25 September 1986.

The decision that the work of the applicants should be scrutinised by the Council seemed to be a great mistake. Some of the members did not have the experience of the Examining Board to judge the standards which would be equivalent to those required of the registered students on the MAA Course of Training. After this initial episode it was decided that if the 'Mature Entry' were to continue, submissions by candidates should be examined by the Board of Examiners, not by the Council, and that there should be

only the one form of reply to all enquiries in which the regulations were made very clear. Finalisation took place at the Council Meeting on 24 October 1985 at St Bartholomew's Hospital when it was decided to change the name from "Mature Entry" to "Discretionary Entry" and that the official notice that was approved and should have been sent out to the first candidates wishing to apply for membership, should have read as follows:-

MAA DISCRETIONARY ENTRY⁴²

Further to your enquiry regarding application for membership of the Medical Artists' Association.

The MAA now has a category of entry to the Association known as 'Discretionary' entry. This is a professional form of entry aimed at admitting to the Association those persons who, by evidence and reputation, have made important contributions to the theory and practice of Medical Art. In this category membership is awarded at the absolute discretion of the Council and is the most difficult form of entry to achieve since applications are subjected to rigorous examination and a very high standard of professional work is expected.

Evidence which will be taken into consideration is as follows.

1. A full curriculum vitae.
2. A comprehensive portfolio of work as evidence of confirmed ability and long experience in practice. The portfolio would normally be expected to contain examples of work in the fields of clinical, pathological, microscopic and endoscopic recording; anatomical and surgical illustration; illustrations depicting scientific concepts of theories and graphic design; works being expressed in a wide range of media, black and white line, half-tone and full colour.
3. A normal minimum of twenty years professional experience in art of which at least ten years have been in the field of medical illustration.
4. Evidence of contributions to the professional aspects and affairs of medical illustration.
5. Evidence of contributions to research and development in the theory and practice of medical illustration.

Applicants should also supply the names of two appropriate referees who can attest to the above evidence and to whom the Council may freely apply for any additional supporting information and evidence.

This evidence will be placed before the Board of Examiners of the Association, normally comprising four medical members (one of whom is the Chairman) and three medical artists. The Board will access all the evidence submitted by the candidate (who may be requested to attend for interview) and report its recommendations to the Council of the Association. Whilst acceptance or rejection of an

application is at the absolute discretion of Council it would be unusual for the assessment of the Board of Examiners not to be ratified.

The Board of Examiners meets on one or two occasions each year and applications will be placed before the Board at the next appropriate meeting after the date of application.

Applications must be accompanied by a non-returnable fee of £20.

The decision of Council will be final and no correspondence or discussion will be entered into regarding the outcome of any application.

From 1986 until 1992 this official notice was sent to candidates wishing to apply for membership.

In 1992, the "Discretionary Entry" was altered enough to satisfy most of the critics and was renamed the "Professional Entry". The main difference between this latest version of the instructions for the Professional Entry and the earlier one is the omission of the sentence 'A normal minimum of twenty years professional experience in art of which at least ten years have been in the field of medical illustration.'. It was in any case rather an obstructive ruling and meant that artists could well be middle-aged before they could become members.

A new Application Form was devised which was sent out with the Instruction Sheet, on request. Although there have been enquiries from several artists since only three artists have applied, two successfully and one failed.

THE POSSIBILITY OF AN AFFILIATE MEMBERSHIP

Early in 1985 the Council was persuaded that there was a need for an additional form of membership, for those persons who wished to have some affiliation with the Association, because of their work or their interest, but who lacked qualification for full membership.

A working party on Membership structure was set up at the Council Meeting on 14 February 1985.⁴³ It reported back to the Council at its meeting on 28 March 1985.⁴⁴

The members of this committee were Cull, Barrett (Clayton) and Jefferies (Wadmore):-

REPORT FROM WORKING PARTY ON MEMBERSHIP STRUCTURE.

Meeting of the working party on Membership structure held in the Robin Brook Centre St Bartholomew's Hospital, on Monday, 11 March 1985.

At this meeting two letters were read out asking for the possibility of joining the MAA as affiliate members.

In the discussion that followed it became clear that the views of the working party were not unanimous. It was decided therefore, to seek advice from the members at the AGM and to report to Council at the preceding meeting.

Should such a level of membership be set up, the working party did agree that certain conditions should be attached. These are:-

1. Affiliates should have no voting powers.
2. Affiliate membership should be given at the discretion of the Council, under their terms and no correspondence could be entered into thereafter.
3. No use of suffixes should be allowed, they are not a qualified grade.
4. Fees of affiliation should be high enough to encourage only those having real interest in joining.
5. They should receive all membership literature at membership rates.
6. They should be permitted to attend AGM and workshops, meetings etc., and be allowed to contribute on those occasions.
7. They should be a grade in its own right, not necessarily leading to full membership.
8. No Corporate membership. Only individuals from companies if in the interest of the MAA.
9. Numbers of affiliates should be limited to a proportion of qualified members.

After this report was read the matter was fully discussed. It was agreed to discuss it further at the AGM to test the feelings of members.

At the Council Meeting held before the 36th AGM on 28 March 1985,⁴⁵ it was reported that:-

... 8/85 (iii) Proposed setting up of an affiliate level.

During the lengthy discussion reservations were expressed that care should be taken not to dilute the single minded approach that exists in the MAA. Feelings were also expressed that the MAA would benefit from the few extra people attracted to join, who would be admitted only at the discretion of the Council.

Finally it was decided to set up a level termed the Non-Members Mailing List

For a subscription, initially, of £12.00 per annum (£15.00 abroad).

1. Free Newsletter.
2. Information about Conferences, Workshops and any social occasions.
3. Discounted rates at Workshops and Conferences.
4. Circulated list of other people on the non-members mailing list.

The name Non-Member Mailing List certainly had a rather negative sound to it. There is no reference of the name being changed but in the Minutes of the Council Meeting held on 5th December 1985, the Honorary Secretary reported:-

...39/85 (iii) that the Subscription List has 33 members comprised of:-

18 paying members plus 15 complimentary members comprised of:-

2 Hon. Life MAA,(Hon. Fellows).	The Middlesex Polytechnic.
1 Accountant.	Graves Audio Visual.
1 Solicitor.	Editor, JAMM (IMBI).
2 Art Advisors AOI.	Editor News, (IMBI).
3 MAA Lecturers.	Chairman, IMBI.
John Barber.	

From that time forward the name Subscribers List was used and seems to have been accepted. At the time of instituting this list it was decided quite definitely that these Subscribers should not form an 'Affiliate' category of membership. However, in 1987 the Honorary Secretary, received the following letter from a former Honorary Secretary, dated 26 April 1987⁴⁶:-

I am writing to ask you if you would be good enough to ask Council to consider, at the earliest opportunity, changing the name of the Subscribers Mailing List to Affiliate.

I know that Council have deliberated this point before and has already once changed the name, but I would appreciate their consideration on this matter again. In their considerations perhaps they would take into account the dictionary definition of 'Affiliate':- "...attach (persons, societies) to, connect (them) with (a society)..." which I feel would very accurately state the aims of the people who already belong to the Subscribers Mailing List. The MAA could benefit from the need often expressed by artists working in the field of medical art, perhaps on their own in a hospital or freelance, to be attached to a relevant association. It would benefit both in terms of its own promotion of what the Association does and stands for and of course financially. However, in order to promote ourselves and reach others whose needs are strong but do know of our existence, some 'marketing' has to be undertaken. The term 'Affiliate' is more accurately descriptive of what we already have to offer in this area than the term Subscribers Mailing List, and it would surely be easier to encourage new participants. I would like to add that I am happy to continue promoting this group, however my life would certainly be made easier if the term 'Affiliate' were to be adopted!

Perhaps Council would also consider stating that (if 'Affiliate' is accepted), the term should NOT be used as a suffix. I know many Associations and Institutions who do this and it is observed. This would prevent this term being used as a qualification. I look forward to receiving a reply from you

as soon as Council have had a chance to consider this request.
I am anxious to start a bit of 'marketing' as soon as possible!
...

This request was discussed and turned down once more at the Executive Council Meeting on 29 May 1987.⁴⁷

... 11/87 Subscribers (a possible change of title).
It was discussed and agreed that the name Subscribers stands unchanged for the moment ...

Of the 24 FOUNDER MEMBERS who joined the ASSOCIATION in 1949

16, (5 men, & 11 women)

were working in hospital or medical school posts and

8, (2 men, & 6 women)

were working in a freelance capacity.

Of the 47 Active Members of the Association in 1997,

20, (11 men, & 9 women) are 'in-post' while

27, (7 men, & 20 women) are in private practice,

working for institutions, (which no longer have 'in-post' artists, pharmaceutical companies and publishers).

The number on the retired list is:-

20, (6 men, & 14 women).

From 1949 until 1997, there have been 137 Members. Five of the original Founder Members are still on the Retired Members List.

A copy of the THE FIRST CONSTITUTION is on the following three pages.

A SECOND CONSTITUTION was drawn up and printed for the Membership in 1972, with some amendments.

THE THIRD AND PRESENT CONSTITUTION was redrafted and printed for distribution in 1990, at the time that the Association became a Company Limited by Guarantee.

THE FIRST MAA CONSTITUTION 1949

Constitution

I. NAME

The name of the Association shall be 'THE MEDICAL ARTISTS' ASSOCIATION OF GREAT BRITAIN'.

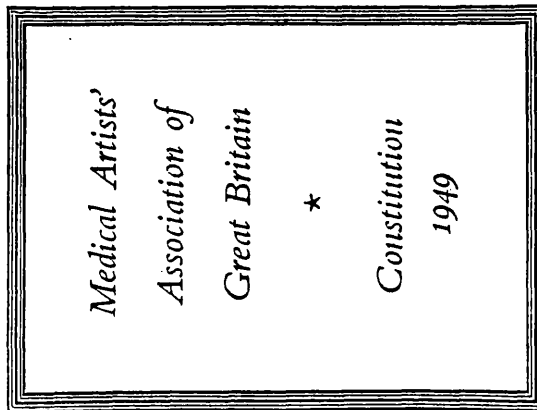
II. OBJECTS

(a) To be recognized by the Medical Profession of Great Britain as the only Association representing British Medical Artists.

(b) To safeguard the professional status of qualified Medical Artists, and to gain for them, in Institutions, a status not lower than that of a Junior Lecturer.

(c) To raise the standard of Medical Art by the following means:

1. Admission to Membership of the Association by obtaining the Diploma of Member of the Medical Artists' Association (M.M.A.A.), which will be granted only to successful candidates who have submitted work to an examining body (except in the case of Founder Members; see Section III, Subsection 1).
2. The award of a higher diploma of Fellow of the Medical Artists' Association (F.M.A.A.) to successful candidates who have submitted further work to the examining body.
3. By meetings, exhibitions and consultations with the Medical Profession.
4. By ensuring, through consultation and agreement with the Medical Profession, that adequate remuneration is paid for work of good quality.



(d) To seek the co-operation of the Medical Profession in the establishment of Departments of Medical Art at large centres of medical and surgical work; employing salaried artists, properly trained in their profession.

III. MEMBERSHIP

Membership shall be limited to the following:

1. *Founder Members*, who shall be accepted as Members during the first year of the Association's existence by a majority vote of the Executive Committee.
2. Those who have submitted work, together with details of training and experience, to a board of examiners, consisting of Artists and Members of the Medical Profession (see Section V, Subsection 1), and who have been granted the diploma of M.M.A.A.
3. *Honorary Members*, who have been elected to honorary life membership at the Annual General Meeting in recognition of services rendered to the Association.

IV. SUBSCRIPTIONS

1. All Members shall pay an annual subscription to cover the costs of the Association, and of providing an adequate balance for emergencies.
2. Subscriptions shall be due on the 1st January, and those Members whose subscriptions are not received by 1st April, shall cease to be Members after due warning.

V. EXAMINATIONS

1. *Board of Examiners*. This shall consist of a Board of Fellows or Members of the Association, appointed by the Executive Committee, and Members of the Medical Profession (see Section VI, Subsection (b), para. 6).

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THE FIRST MAA CONSTITUTION 1949

2. *Higher Diploma*. Members may submit work and details of professional experience, for the Diploma of Fellow of the Medical Artists' Association (F.M.A.A.).

3. A majority of votes shall be necessary for a candidate to be successful.

4. *Examination fees*: these shall be fixed by the Executive Committee, to cover the cost of the examinations.

VI. EXECUTIVE COMMITTEE

(a) CONSTITUTION OF EXECUTIVE COMMITTEE

The Executive Committee shall consist of the following Officers:

1. *President*, who shall be a Medical Practitioner and an Honorary Member of the Association.

2. *Chairman*, who shall take the chair at all General Meetings, and meetings of the Executive Committee.

3. *Vice-chairman*, who shall take the chair in the absence of the Chairman.

4. *Honorary Secretary*.

5. *Honorary Treasurer*.

6. *Honorary Assistant Secretary*.

The Executive Committee shall be elected at the Annual General Meeting (see Section VII, Subsections 3 and 6), and shall hold office for one year. Members of the Executive Committee shall be eligible for re-election.

(b) POWERS OF THE EXECUTIVE COMMITTEE

1. To appoint one of their number to act as Chairman in the absence of the Chairman or Vice-chairman.

2. To co-opt not more than two additional Members to serve on the Executive Committee.

3. To fill any vacancy in the Executive Committee which may occur in the course of the year.

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figure 7.2b.

THE FIRST MAA CONSTITUTION 1949

- 4. To manage the affairs of the Association.
- 5. To control the finances of the Association.
- 6. To appoint examiners from among the Fellows and Members of the Association, and to request the Medical Profession to appoint examiners from among their Members to examine candidates for the Diplomas of M.M.A.A. and F.M.A.A.
- 7. To appoint sub-committees for special purposes.
- 8. To make any rules that may be deemed necessary or beneficial to the profession of Medical Artists, and to have authority, after warning, to suspend from all benefits any Member who wilfully breaks such rules.
- 9. Three members of the Executive Committee shall form a quorum.
- 10. The Chairman shall have a casting vote.

VII. ANNUAL GENERAL MEETING

An Annual General Meeting shall be held in the month of April or at some other date if special circumstances in the opinion of the Executive Committee make this desirable, for the following purposes:

- 1. To receive the Annual Report, and the statement of accounts for the financial year ending the previous 31st December.
- 2. To appoint an Auditor.
- 3. To elect the Executive Committee, who will take office one month after date of election.
- 4. To elect Honorary Members (see Section III, Subsection 3).
- 5. To consider any resolution, supported by at least three Members, and submitted in writing to the Honorary Secretary at least fourteen days before the date of the Annual General Meeting.

VIII. CHANGES IN THE CONSTITUTION

Any resolution which represents an *addition or amendment* to this Constitution must be submitted in writing to the Honorary Secretary, supported by at least five Members, not later than the last day of February. Such resolution shall be circulated to all Members, together with the Notice convening the Annual General Meeting.

FOOTNOTES

(References prefixed PF are taken from the Pink File in the MAA Archives.

Files DE, (Discretionary Entry) and SF, (Subscribers File) are in the MAA Archives.

No.

1. Davison mentions this in the paragraph on Blackburn in her letter, PF/Lett1.
2. Letter no.PF/Lett2.

 Notes on letters, no. PF/Lett6.
3. | Davison to Shepley
4. | Shepley to Davison.
5. | Arnott to Shepley.
6. Letter no.PF/Lett1.
7. Letter no.PF/Lett9b.
8. Report of the First Meeting from the Association's Minute Book No.1.
9. The press notice had been pointed out to her by Professor Clifford Wilson, MD, FRCP, of The (Royal) London Hospital.
10. Letter no.PF/Lett9a.
11. Letter no.PF/Lett16.
12. From correspondence between Donald and the author, 1995.
13. Letter no.PF/Lett48.
14. Letter no.PF/Lett24.
15. Letter no.PF/Lett25.
16. Letter no.PF/Lett27.
17. Professor Geoffrey Hadfield was the Sir William Collins Professor of Pathology at St Bartholomew's Hospital in 1950.
18. Tompsett's letter, PF/F&N9, to the British Medical Journal, Correspondence, 28 January 1950, p.251-252, in which he announced the founding of the MAA and its plans for training first rate all rounders as well as highly skillful medical artists. He wrote that there should be one recognised British School of Medical Art and that the MAA considered the Edinburgh University one as the most suitable.

Sir Geoffrey Jefferson's reply, in the same journal, dated 25th March 1950, p.728, states that he has nothing against Edinburgh, but students should not be compelled to go to one school. He suggested a period at a school followed by two years with a recognised medical artist, and an examination taken at Edinburgh or another University such as Manchester, which had encouraged Davison to take students since 1946.

No.

19. Letter no.PF/Lett28.
20. No.PF/L2. List of Founder Members, 1950.
21. Letter no.PF/Lett29.
22. No.PF/F&N7. Invitation to the First Exhibition, 1950.
23. The Board of Examiners, 1949-1971.
From the Minute Books of the MAA.
24. No.PF/L3. List of candidates for the First Examination & the results, 1950.
25. MAA Minute Book No.1 p.38. (Meeting at RCS)
26. MAA Minute Book No.1 p.75. (RCS)
27. MAA Minute Book No.1 p.81. (Middlesex Hospital)
28. MAA Minute Book No.1 p.84. (RCS)
29. MAA Minute Book No.1 p.91. (Middlesex Hospital)
30. MAA Minute Book No.1 p.98. " "
31. It was not until many years later in 1990 that the Association became a Company Limited by Guarantee.
32. MAA Minute Book No.1 p.103. (Middlesex Hospital)
33. MAA Minute Book No.1 p.131. (RCS)
34. Letter no.DE/2.
35. Letter no.DE/3.
36. No.DE/4, The MAA News, October 1985, p.4.
37. No.DE/5, List of requirements sent by Hon. Secretary to prospective Members.
38. Letter no.DE/10.
39. Letter no.DE/11.
40. Letter no.DE/12.

No.

41. Letter no.DE/14.
 42. No.DE/31, Details of the MAA Discretionary Entry.
 43. MAA Minute Book No.5 p.92. (St Bartholomew's Hospital)
 44. MAA Minute Book No.5 p.96. (St Hugh's College, Oxford)
 45. MAA Minute Book No.7 p.14. " " "
 46. Letter no.SF/1.
 47. MAA Minute Book No.5 p.146. (St Bartholomew's Hospital)
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Chapter 8.

RESIGNATIONS

During the first two years there were many differences and disagreements between Davison and other Members of the Committee, particularly Tompsett and Blackburn, which lead to Davison's resignation as Honorary Treasurer within a few months of initiating the founding of the Association.

Unfortunately Tompsett's letters to Davison, written between 1949 and 1951, have not survived. From the correspondence that has been preserved, it is clear that both Tompsett and Blackburn were very dominant people and when elected to office took the Association and the running of it out of Davison's hands. Their letters reveal strong personalities. On the other hand Davison could be a rather irritating person, who had very definite opinions and did not listen to reason easily. In fact she was rather deaf and probably mis-heard a great deal of what was said, in spite of an hearing aid, which emitted a terrible whining sound if switched on high enough for her to hear comfortably. At meetings she was always being asked to turn it down.

Although most Members respected her and her ambitions for the Association, she was not really liked by her peers, mainly through her own fault - her quite caustic criticisms of so many of them. However, there seemed to be a feeling of cordiality between her and the younger members of the Association.

RESIGNATION OF THE FOUNDER AND FIRST HONORARY TREASURER

At the Executive Committee Meeting held on 1 October 1949,¹ it is minuted that:-

The chairman read a letter from Miss Dorothy Davison, tending her resignation from the Committee.

The Chairman explained that after consulting the individual members of the Committee (with the exception of Mr Shepley, who was away on holiday at the time), he had written to Miss Davison, and pointed out her views and general policy were so different from those of the other members, and her feeling about those views so strong, that harmonious working seemed to be impossible. He had added that while all views were entitled to expression on the Committee, there was an obligation for all Committee members to accept unconditionally the majority decisions of the Committee and do their best to implement these decisions. He felt that this would be impossible in Miss Davison's case, and so had asked her if she would be prepared to resign from the Committee and free herself from the obligation of supporting the rest of the Committee in action she believed to be mistaken. He had reminded her that if she still felt that the Committee was mistaken in its policy, and this view was supported by a majority of the members, the whole matter would be automatically remedied at the Annual General Meeting, by election of different members to the Committee. The resignation of Miss Davison was accepted.

An addition to the Minutes is written by hand, probably by Tompsett.²

1st April, Mr Shepley wishes to dissociate himself from the decision taken with regard to Miss Davison, and express the view that it should not have been made a matter of confidence.

Following Davison's resignation Barber was elected to the office of Honorary Treasurer.

Within six months of the inauguration of the Association the chief protagonist in the project, who had been appointed as Honorary Treasurer at the first meeting, was having to resign. The details of her differences and problems are well set out in her undated letter to Shepley which follows. There was also the question of her disloyalty to the Committee which Blackburn mentions in her second letter (p.211) to Shepley. Certainly there was some animosity between Davison and Blackburn, the former had little in the way of diplomacy and found it difficult to hide her true feelings. Of the latter she said, "...

She is the most likely person to be Sec: for our Ass: has time and boundless energy, but could dominate. ..."³

Their concepts were quite different. The Honorary Chairman and the Honorary Secretary looked upon the project from the point of view of running an association efficiently, while the Founder was looking at a group of artists brought together to maintain or improve their standard of work. Although they obviously did not get on, it is probable that neither of them could have run the Association successfully without the other or 'an equivalent other' at the time.

Davison was a person who let her personal feelings affect her judgement, she wrote "... is there any chance of getting rid of Zita? As long as she is there there will be trouble - unless the Chairman takes a firm hand ..."⁴ On the other hand Blackburn wrote "... I enclosed a letter from D.D. to you in my last letter, hoping you would appreciate that D.D. has been loyal to none of the Committee, and not her friends, ..."⁵

Tompsett was a somewhat erratic and excitable person, as could be seen at the first meeting.⁶ By the speed with which he dispatched Davison from the Committee, if he and Blackburn had been running the Association for any length of time problems would probably have continued. These differences, at the beginning of the Association's life are significant as they could have brought the whole project to an end before it was barely started. Fortunately for the Association there was a change of Chairman in 1951.

Relationships between those at the top were becoming very unpleasant. Davison was becoming obsessed and somewhat paranoid by the 'other side' and was very anxious to keep Shepley on her side. In February 1950 Davison wrote to Shepley, the letter is undated, but was probably written about 20 February 1950,⁷ in which she makes it very clear what she dislikes about Tompsett and his actions.

... I must say I was disappointed not to have your views on what should be done regards Tompsett & Co. You know you said to me that we must make plans early in the New Year. You have not even told me what Sir James said about it all when you told him. I know how difficult it is to find time for letters when one is so busy, but it really does seem to be getting so near the meeting now that if we do not consult quickly 'they' will run away with everything. After what has passed one may be sure that they will strain every nerve & go to any extreme to keep themselves in power & keep me out of everything.

You told me last year that it would be cowardly for me to give in to them, and I stuck to my guns till it seemed that a split would be formed if I did so any longer. I have no intention of letting the matter die down & intend to say why I have resigned at the meeting. Surely someone will propose me for membership of the committee - but if it is left to chance probably several people will expect the other to do so.

I very much wanted to hear your views on everything before I formed my own because you now have the trump hand. Tompsett & Co. will try to do anything to prevent you backing me up in public - as I am sure you will ... here goes for a few ideas which I am afraid will not come in the right order.

1. Tompsett said in one of my letters that any proposition put before the meeting must have a seconder found previously. Will you verify this? it certainly has not happened in societies I have belonged to. In any case it will be wise to see that we have a proposer and a seconder for all the proposals we want to put, won't it.
2. Miss Duckworth (L'pool) will enthusiastically second my proposal that you shall be elected Chairman. I hope very much that you will agree. Reflect very seriously before you refuse. You are not going to vote for Tompsett after his disgusting behaviour are you. Quite apart from my affair he seems hopeless - takes all the meeting's time up by talking himself & then rushes his own ideas through. Sends round his own ideas & refuses the same courtesy to others. Above all takes decisions that should be taken by the whole committee - & shouts furiously.
3. Vice-Chairman. Mr Alexander? If so he must be approached. Who would propose him? I thought of Donald, but think it would be better to have someone in England!!!
4. Committee members. I am sure Mrs Purvis will be pushed in gratitude for her acquiescence! I liked her until she turned a complete somersault about what she said to me. But she is now one of the clique & - !
5. Helen Wilson certainly ought to have been on from the beginning - her own fault never told me she had been doing m. art for 15 yrs - I thought only 2 or should have brought her in. I certainly thought she was the most balanced & the best Artist (not m. artist) from the first.
6. Do you think that Fay & Audrey ought to stay on. They rather startled me by saying that they would always vote the same. Of course everyone would prefer to keep Fay but she always drops behind Audrey.
7. Is there any chance of getting rid of Zita? As long as she is there there will be trouble - unless the Chairman takes a firm hand.
8. Do you not think that there ought to be 8 members - we have

- seen what harm a clique can do.
9. Have you any suggestions for members?
 10. Miss Brown, Miss Duckworth & Mrs Wilson are definitely with us & will undoubtedly propose new members of the com. - I should not be surprised if Miss Brown thinks that she might be one - quite natural. Do you think she'd be good. I don't know - Donald?

Membership. Audrey wrote to Christine Court weeks ago asking her if she would like to enter & did she know of anyone else. C.C. replied that she would and asked for forms. No reply. 10 days ago she wrote to Zita. No reply. I have had a letter from Mr Asta of University Coll. Med. Sch. (Hospital really) asking for news of the Ass - strange to have heard nothing since last Ap. how to apply for membership. Now how is it that artists generally have not been notified. Zita has a list of 40 or so to whom notices should have been sent. I am wondering if members are not wanted until the meeting is over, for there only members can vote & on the present list it is pretty plain that they would vote for their sponsors - I'd have 3!!

This may seem catty but after what I've seen of T. and Z. I should not be surprised at anything. Surely everyone ought to have a chance to join before the meeting. I shall have something strong to say if they haven't & unfortunately should receive support from Treadgold. Oh dear, dear me, what a kettle of fish. (from what I'm learning bit by bit I don't know whether she or Tompsett are the worst!!)

Standards. I fear the standard everyone agreed to at first is going down. Fay & Audrey were as anxious as I was that space should be allotted to individual artists but that the best works should be shown. Surely you safeguard yourselves a little by saying that you do not tie yourselves to show everything. But what a drop that sounds, oh, do remember that our chief aim was to raise the standard of British medical art & an exhibition is the surest way, the photographers only show the best - are we going below them?...

C.C. was quite shocked when she saw Miss W's name on the list of Founder members. She said " Oh she can't draw at all - never had any art school training. What is the good of belonging to an Association which takes people of her standard". Now Christine is normally too mild & humble & rarely expresses a strong opinion, so I am sure she was genuinely shocked. She's quite above jealousy - in fact thinks too little of herself. So I have felt very depressed! Very, I've been keener on this idea of raising our standard than anything for years.

I am glad you and Audrey are judges - only I wish it was Fay - I wonder why they changed. But I still think there should be more, I do hope there are not two general surgeons - that would be awful again lowering standards, for on no other occasion would surgeons judge any but their own type of work.

I have told Miss Brown & Mrs Pillers why I have left the committee. Miss Brown asked if she could read Tompsett's letters. I am not sure what to do. I feel no obligation to keep them confidential since he did the unspeakable mean trick of sending them round himself & suppressing me. A man who will do that cannot expect consideration. However, I am not too sure of Miss B. I rather wish I'd shown them to Helen Wilson. You see people will only have my word for their insulting character - & naturally Tompsett will exercise all his arts to put me in the

wrong. I cannot think of anything more at the moment - do put your thinking cap on - & it will need a mighty lot of thinking to get the better of Tompsett & Zita.

As a tiny example of his dictatorship - Zita wrote asking me to sponsor Mary Brown. I replied that I intended to do so last summer but had not been able to because I had retired from the Com: before I could go to Leeds to see her work. That Zita replied "The Chairman ruled it in this case an exception could be made ... but this privilege would not be extended again". Now why should the Chairman rule - the matter should have come before the com: a small affair which in the ordinary way I should not bother about, but the Chairman rules so frequently. I told her I had not had an acknowledgement of my resignation. she replied that she understood that the Chairman had sent one. He only thanked me for sending the papers I gave to you - no mention of my resignation. Can I not ask for my letter to be read at the meeting? Thank you for sending me the notice of the Leeds appointment. It is no good to C.C. at all. I sent it to Asta who can only do that kind of work! He does not want it. The man at Sheffield^a would be a genius at it - absolutely. I am sending it to one of his surgeons but as he gets £500 at Sheffield bet he won't move. If someone would go C.C. might get their job! She's getting frightfully worried. She's a bit of a handful because she is not strong & so nervous - but very nice. She has heard from 4 doctors that J.F.W. is splendid! which depresses us both. How the pushing & inferior people do get on. Medical art in M/c is going downhill. I'm getting less difficult work to do, v. few operations & could palm anything off on to the young surgeons - & some of the professors. C.C. is like us she did strive to do good work - honest, absolutely correct work - whether it is wanted or not.

Now do please write soon for it will take time to write to other people - don't let the clique have all the run.

C.C. says a number of the young ones did not want a soc. at all & still less when it seemed to be the affair of the Oxford group. I feel horrid so please excuse me if I have expressed myself badly, I am so tired of being ill or half ill.

Yours sincerely,

There is little doubt, if her letters are to be believed, that Davison was rather badly treated by Tompsett and Blackburn. However, she in turn, was trying to involve others in her dispute especially Learmonth and her own pupil, Court, instead of treating her differences discreetly. It can be concluded that Davison was genuinely anxious to improve the standard of medical art work in the country, and yet seemed to be against some medical artists who were successful in their work. She could not help being extremely critical about the work of certain members and went so far as to involve other innocent members in her criticisms. In her letter of about

20 February 1950 she made yet another attack on J.F.W., whose work, both medical and non-medical was thought to be of a very high standard by her contemporaries. Shepley, who no doubt was somewhat worried by this letter and its tirade of accusations, replied immediately, in an effort to dissociate himself from some of Davisons's complaints. He wrote to her on 22 February 1950.⁹

...Thank you for your letter, to which I have given much consideration. I am disappointed that you still feel so bitter about the Association.

While sympathising with you in your disappointment at the way matters have developed, and agreeing that you had rather a raw deal when presenting your point of view to other members, I have always reserved the right to have my own opinions, and have never said that I agreed fully with your proposals regarding conditions of admission to membership, requirements of examiners, etc. I am afraid you have misunderstood me on these points. As a member of the Committee, it is my duty to accept the decision of the majority in matters affecting policy, whether I agree with it fully or not. A member can put forward his or her point of view, and as a minority register a protest against the majority decision, but he or she must abide by that decision, and not work against it. This you were not prepared to do and so forced a crisis. When I saw you in London I said that Sir James would not be prepared to interfere, and would consider your resignation to be purely the concern of the Committee. This was his attitude when I saw him after my return from London.

At the back of my mind I have the feeling that there is the very great danger of yourself falling into the pit which beset the other members of the committee, and forming a 'clique' in opposition. You see I agree with you that probably such a 'clique' exists, and is not a good thing when we are such a small, newly formed body. I, personally do not wish to become attached to any such group, and would much rather work for the benefit of the association as a whole. I look on these early difficulties as something in the nature of 'growing pains', which will disappear as we grow up - in other words as our membership increases. As for your statement that "they will strain every nerve and go to any extreme to remain in office", I do not agree with at all; the post of committee member is no sinecure, and a lot of hard work has been accomplished in the preliminaries for the Exhibition, details for admission to membership, forms and other matters which take up a lot of time and labour. I think even the Hon. Secretary would be prepared to pass on her appointment and duties to some other member, should this be proposed at the General Meeting.

Having endeavoured to give you my point of view as clearly as possible I shall try and answer all the questions you have itemised in your letter. The general answer to all the items detailed you will find in Paragraphs 5 & 6 Section VII, and also Section VIII of the Constitution. These state that a resolution must be supported by at least three members, nominations to the executive Committee must be supported by a

proposer and seconder, and in each case must be submitted in writing not less than fourteen days before the Annual General Meeting. Section VIII deals with additions and amendments to the Constitution.

2. I am very diffident about being nominated as Chairman, although I appreciate the honour and have given much thought to this reply. I feel that I already have so much to do in running my course and attending to my general work, that I would be unable to devote sufficient time to the service of the Association. Correspondence in connection with my work is very considerable, and if it increases any more I shall require a personal secretary. If, however, you and Miss Duckworth still feel that I can usefully fill the post, I am willing to accept nomination, and will accept the decision of the members at the General Meeting.
3. 4. 5. 6. I shall willingly propose or second the appointment to the committee of Helen Wilson and, may I say, yourself, whom I would like to propose for Vice-Chairman. Mr Alexander, I do not know, but would second him on your recommendation; he is the specialist in eye-drawings is he not? I know very little about Mrs Purvis also, but she seemed a very inoffensive sort of person, and I would be prepared to see her on the committee. I would also support any nomination of both Miss McLarty and Miss Arnott, who I admire both as very skilled artists and very pleasant persons.
7. With regard to this point, I think I have answered it sufficiently in the main part of my letter. I don't think Mrs Blackburn will worry whether she is on the Committee or not.
8. The Committee already consists of seven official active members, incl. the two co-opted members. For the moment one of these co-opted posts is vacant, but I don't see that one additional member will make a great deal of difference, clique or no clique.
9. 10. No, I have no other suggestions re. members, unless you wish to include Mr Donald and Miss Brown (of Leeds is it?) I don't know a great deal about either.

With regard to applications for ordinary membership, details were only completed at our last committee meeting, and cyclostyled forms are now ready and being circulated to those wishing to join. Application should, of course, be made to the Honorary Secretary. The Association has been advertised in the Medical Press frequently; also a circular letter has been sent to all institutions, Universities and hospitals which we thought would be interested, so there is no excuse for any member of our profession being unaware of the Association's existence. As for the list of artists that you mention this was considered at the Autumn Committee Meeting, a number were invited to become Founder members, the rest were notified later that they could make application for ordinary membership as soon as the application forms - which would be sent to them - were ready. It has only recently been possible to form the Examining Sub-committee, since a number of Surgeons and Medical men have had to be considered and then consulted regarding their willingness to undertake this duty. Applications can be submitted at any time, but meetings of the examining committee

have had to be restricted for obvious reasons to twice a year; the first will take place before the Annual General Meeting.

Even Shepley did not agree whole heartedly with Davison's criticisms and she managed to put Shepley in a rather awkward situation. He wanted to remain loyal to her but also do the right thing for the Association and he was obviously concerned and embarrassed by Davison's wish to involve Learmonth, his employer.

Blackburn wrote to Shepley on 22 February 1950.¹⁰

... Sorry about the misunderstanding, but I was a bit hot about Founder Members coming in late because Mrs T. wrote a most queer reply to Miss Barber when she pointed out her subscription as F. Member was due, apparently she does not know whether she has joined yet, she apparently is awaiting her Head's decision. I think the mistake arose when David suggested to Audrey that she need not pay the sub for 1949 as she came in late. I said 'this was not fair to the others who had done the work' so I got Miss Barber to write and explain. However, I have written a rather strong letter and pointed out, she had said she was delighted to be a Founder Member, and we could not understand what she intended, I told her a name would have never been included on the list if this was indefinite. She has not replied. Personally I don't think we will miss anything if she does not join, she apparently copied all Miss Nicholson's work, she did the same to mine, and also some of yours, and even the lines are no different, so she must even trace them. The person at Leeds is Miss B, and she has been admitted as a Founder Member, she is the one who got up at the meeting and suggested D.D. should be President, she is a very busy person, so I expect she talked to her professor and stirred up trouble.

Blackburn wrote to Shepley again on 17 March 1950,¹¹ informing him of Davison's misdemeanours and although she admits that they could not keep Davison off the Committee indefinitely, she thought that Shepley should not have proposed her for Council at this stage, and should have supported Tompsett.

... I enclose herewith a note from Miss Davison with what she thinks is a nomination. This is not signed by you and therefore it is not valid, if she had not left it to the last minute there would have been time to send it back. As it is it will be too late as the last day for sending nominations is tomorrow Saturday, 18th March. I don't know whether she obtained Mr Alexander's permission to propose him, but her note shows she has no idea of Committee work ...

I had a letter from David, after reading parts of your letter to him over the phone, and I have refrained from writing to anyone for their opinion because I am the mere secretary. However, in my letter to you I said Audrey and Fay felt as I

did that we could not keep D.D. out forever, and I feel if only someone else had proposed her there would have been no trouble. I think as I said before that you should have at least told David that you intended doing this, this was owing to him, and in view of this fact, I feel that as the Committee was instrumental in obtaining D.D.'s resignation we should support him. My intention is to support him, and heaven knows I dislike rows. My only concern is the Association, as you know I would still have all the work I wished to do whether in the Association or not, and the only thing I can say the Association has done for me is to make me spend more of my time doing Secretarial work which could have otherwise been occupied with drawing. This I have given gladly, but not to have a disrupted Association at the end of the first year.

Even now I hope that it will not be necessary to have to say anything at the meeting, I told David he is entitled to give the reasons why he will not stand for re-election, his inclination was to say nothing and just resign, and as I believe in having everything in the open I told him the Members of the Association are entitled to know.

I enclosed a letter from D.D. to you in my last letter, hoping you would appreciate that D.D. has been loyal to none of the Committee, and not her friends, the reason Professor Bentley's¹² pupil did not go to you was because she discussed you with Professor Bentley and said "you were not the person to whom to send his protégé. We have all had this, verbally and in letters, and at the last meeting of the Committee I wanted this said at the meeting but it was David who said "no, we will not bring personalities into the discussion but merely ask for the vote on Committee work disloyalty", therefore you never knew you were included in her disloyalties.

However, please for the sake of the Association come to some agreement, and I think the best way would be to withdraw D.D.'s proposal, you could always state that you felt that as Vice-Chairman you could not allow this to go through, and as you were on the Committee at the time of her resignation.

We all knew this beforehand but that made no difference to her being on the Committee, we had to prove it by her behaviour on the Committee.

I enclose a copy of the letter I have just written to Miss Davison in reply to her proposals. I hope she will understand that my duty is merely secretarial.

Shepley replied on 22 March 1950¹³ to Blackburn's letter of 17 March 1950.

... You are within your rights in refusing these nominations, since they are not in the proper form. Some weeks ago I had a letter from Miss Davison, asking if I would support her proposal of these two members. I replied - so far as I can remember - to the effect that I would be pleased to second Miss Helen Wilson's nomination, but that I did not know enough about Mr Alexander to do the same for him. In any case, I said, the permission of the member concerned would require to be obtained first, and then I would be pleased to sign Miss Wilson's proposal on the proper form.

With regard to the other matter, I have given my reasons for

making the proposal, and these still hold good. I am not compelled to give reasons before hand to any member of the committee, even to the Chairman. The proposal was sent to the proper quarter, and as a matter of general courtesy, I included my considered reasons. I have no intention of withdrawing, and indeed would be out of order if I did so; all proposals properly seconded must be submitted to the General Meeting, when the decision will be made. If Tompsett wishes to treat it as a personal matter, I am sorry but I don't withdraw. If he decides to give his version of the disagreement to the members at the General Meeting, I shall reserve the right to reply. I am pleased, in a way, that you and the others will support Tompsett; I have no quarrel with any of you - even Tompsett; I just think he is mistaken in his attitude to this controversy, and has allowed personal dislikes to creep in. However, that is my 'Pigeon'. ...

I hope you will see from what I have said, that my attitude is also quite impersonal, and I think, correct. I do not necessarily think that Miss Davison will make an ideal Committee Member, but I think it is her due that the general members should decide and not just the Committee...

Davison was nominated for the office of Honorary Secretary. It was reported at the 1st AGM held on 1 April 1950,¹⁴ that,

... Miss Davison said she had agreed to her nomination on the understanding that it was only to serve on the Committee. She had not the time to serve as Secretary, and therefore could not consent to her nomination as Hon. Secretary standing, but she was quite willing to serve on the Committee ...

RESIGNATION AND WITHDRAWAL OF THE FIRST HONORARY SECRETARY

In 1951, after only two years and after all her efforts for the Association, Blackburn decided to resign from the office of Honorary Secretary and from the Association. Unfortunately her letter of resignation with details of her reasons has not been preserved, however, it is recorded in the Minutes of the Executive Committee Meeting held on 6 April 1951,¹⁵ that,

... The Hon. Secretary reported that she had received a letter from Mrs Blackburn expressing her disapproval of the management of the affairs of the Association, and tendering her resignation. This letter was read to the Committee at Mrs Blackburn's request. It was decided that the Hon. Secretary should write to Mrs Blackburn expressing the Committee's regret that she should wish to resign, and expressing the hope that she would re-consider her decision. At the same time it was to be pointed out that the Committee did not agree with the

reasons on which her decision was based, and felt that she must have been misinformed ...

In her letter of resignation Blackburn expressed her disapproval of the management of the affairs of the Association, but apparently, her dissatisfaction was also due to the fact that Learmonth, the retiring President, had nominated Professor Sir Geoffrey Jefferson as his successor. She probably thought this might create a precedent. Tompsett did not agree with this nomination either, but for the reasons given in his letter to Shepley, of the 22 February 1951.¹⁶

... I was sorry to learn that Mrs Blackburn has decided to resign from the Association. At the same time the reason which she has given is completely incomprehensible to me. She states that it is "the policy on the election of the President".

So far there is no policy on the election of the President for her to disagree with. The plain and very simple fact is that our Honorary President as a member of the Executive Committee can only be elected at the Annual General Meeting. Due to the unfortunate misunderstanding by which we all assumed that Sir James Learmonth would be willing to continue as our Honorary President, the question of a successor was not considered at the Annual General Meeting. The power of the Executive Committee (Constitution VI b3) is limited to filling any vacancy which may occur during the course of the year. In this case we could not honestly say that a vacancy had occurred, the fact was that the position had been left vacant. I am sorry to see such grossly untrue statements coming from Mrs Blackburn as that which is contained in her letter of resignation to the effect that I alone questioned the suitability of Professor Jefferson to become our Honorary President.

Immediately after the new committee took office on 1st May, I wrote to all the members of the new committee concerning this matter. In case I have omitted to tell you the result of my enquiry before, I should like to take this opportunity of saying that Miss Barber, Mr Donald and Miss Wilson were quite definitely opposed to the choice of Professor Jefferson. Each of these people expressed the view that if possible we should choose a President who did not have a full-time artist in his department, as they felt that in this way our President would be more likely to have broader opinions and interests in medical art. As I myself agreed with the views these three people expressed, this made a majority of four, so I dropped the matter until our autumn meeting when the three names which I have referred to above were selected. I did not inform Mrs Blackburn of the outcome of my enquiry concerning the selection of a new Honorary President, as she was no longer a member of the Executive Committee after 1st May ...

Blackburn did not attend the 2nd AGM held on 8 April 1951.¹⁷ However, she nominated Davison for Honorary

Secretary. McLarty wrote to Blackburn on 15th April 1951,¹⁸ in reply to her letter of resignation.

... I read your letter at the Committee Meeting on Friday April 6th as you requested. The Committee has asked me to write to you expressing their regret that you should wish to resign from the Association in which you have played so great a part in helping to found. The Committee disagrees with the reasons for your resignation, and feels you must have been misinformed to reach these conclusions. We hope you may reconsider your decision and until further confirmation is received, we will still regard you as a member.

At the A.G.M. last Saturday the Committee is now as follows:-

Chairman	Mr Donald
Vice-Chairman	Mr Shepley
Hon. Sec.	Miss McL.
Hon. Asst Sec.	Miss Hawker.
Hon. Treasurer	Miss Barber

... We think Donald will make an excellent Chairman, he has personality and firmness. The voting was very close. The only other contested post was that of Treasurer, Miss Davison being the other candidate ...

WITHDRAWAL OF DAVID TOMPSETT IN 1955

Tompsett resigned from the Chairmanship in 1951, but remained as Vice-Chairman until 1952. The reasons for his resignation are not documented. One can only presume that it was because of the differences and accusations which were being made by some members of the Association. Also one has the feeling that he never intended to remain as Chairman for very long.

In his letter of the 1 March 1949 to Davison,¹⁹ he wrote,

... I have no personal aspirations for a position in this association, but on the other hand, I am willing to do anything which I feel I can undertake to help both in the foundation and development of an association. ...

In 1955, Tompsett withdrew his membership. He might well have remained as a member, but the Constitution had been agreed upon, the troubles with Davison had been settled to some extent, Blackburn had departed, Donald had been elected Chairman and there was little he had in common with the Association. He had done what he had been asked to do and the rest was up to this small group of artists.

FOOTNOTES

The letters and Minute Books are in the MAA Archives.

No.

1. Minute Book No.1 p.6, MAA Archives. (Meeting at RCS).
 2. Minute Book No.1 p.12.
 3. Letter no.PF/Lett1.
 4. Letter no.PF/Lett34.
 5. Letter no.PF/Lett46.
 6. Archer recalls seeing Tompsett at the first meeting at Nunnery Close.
 7. Letter no.PF/Lett34.
 8. Alfred Foster (b.1912) who worked at the Hallamshire Hospital until he retired in 1977. He did not become a member of the MAA. Elliott was appointed to the post in 1977.
 9. Letter no.PF/Lett35.
 10. Letter no.PF/Lett40b.
 11. Letter no.PF/Lett46.
 12. Professor John P. Bentley of the Charing Cross Hospital.
 13. Letter no.PF/Lett47.
 14. Minute Book No.1 p.17. (RCS)
 15. Minute Book No.1 p.29. (RCS)
 16. Letter no.PF/Lett61.
 17. Minute Book No.1 p.32. (RCS)
 18. Letter no.PF/Lett65.
 19. Letter no.PF/Lett9b.
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Chapter 9.

EMPLOYMENT & NEGOTIATIONS

Although it was Dorothy Davison's ambition to inaugurate an association chiefly to maintain a high standard of work amongst its members, as soon as this group of professionals was drawn together, similarities and differences in work and employment began to surface. In spite of the fact that most members had had an art school training, some gaining a diploma or degree, they were employed on very low scales of pay, some on a par with junior secretarial or technical staff. It became clear that although careful not to act as a Trades Union, it would be necessary to try and improve the employment of artists in some institutions. In the 1950s and before, an art diploma was not considered to be on quite the same level as a BA or BSc. The Slade Diploma plus the Art Teacher's Diploma were accepted as on a par, as far as school authorities were concerned. In Scotland, the art schools in Glasgow and Edinburgh awarded a BA in Art, but it was not until 1967 that some art schools and polytechnics were able to award a BA(Hons) in Art in England. Most medical artists had studied at well-known and respected art schools, but some of the schools did not have an examination system and, therefore, were unable to award a formal qualification. The Royal Academy Schools, the Byam Shaw School of Art and the Ruskin School of Drawing were among these.

If Davison had not founded the MAA in 1949 it probably would not have been too long before one of the men, among the members, who had come into the profession after the war, would have done so. Whereas the majority of artists working in the medical field at that time were women, they were probably looked upon as amateurs, not really making a serious career for themselves and maybe doing it as voluntary work as some secretarial workers and nurses did. Also the attitude towards women at work was that women did

not have the same responsibilities and, therefore, were not treated with the same seriousness with regard to pay, status and conditions of employment, as were men.

The men who came from World War II into the profession, Donald of Glasgow, Kidd of Liverpool, Cull of London, Hammersley of Newcastle and later Callander of Glasgow, with their Army or Air Force experience, in officer and other ranks, expected to be offered a reasonable salary, at least on a par with a teacher's or lecturer's post in order to provide for themselves and their families. Some achieved this at the beginning. Donald was given lecturer status, but after a year he thought that his grade was too low. The situation was somewhat better in the United States. In her letter to Shepley on 30 April 1949, Elizabeth Brödel¹ wrote:-

... Salaries average here from \$2500.00 to \$5000.00 or more per year, that is, one might set the average at \$3500.00; the top salaries go to the heads of departments, with rank of professor. On the whole, salaries are "not commensurate with training", but are improving. ...

Negotiations with the Whitley Council and the DHSS concerning the Status and Salary Scales for Medical Artists took place from 1952 until 1991, over 39 years. Donald spent a great deal of his time as Chairman trying to negotiate some form of acknowledgement and fair employment for medical artists in both Universities and the Health Service.

Reading through the Association's Minute Books for these years, it is remarkable how much time and discussion could result in so little agreement and progress. It seems extraordinary that decisions were made by committees consisting of people who had very little idea of the scope of the work of the medical artist. It was not until 1976 that any of the officials of the DHSS took the trouble to find out, by actually visiting some Departments of Medical Art and some individual artists. Also, because of frequent changes of staff and committees in the DHSS, there was a lack of continuity. As soon as anyone was familiar with

the facts, they would be moved and negotiations were back at the beginning again. After World War II a permanent post was thought to be an advantage for an artist, but after years of unsuccessful and frustrating negotiations, there has been a gradual increase in the number of Active Members of the MAA working in private practice. Although some medical artists have become Directors of Combined Departments (Art, Photography and Audiovisual Aids) or Heads of Departments of Medical Art or Illustration, some have been reluctant to take on an administrative post and the problems that can accompany it and, are content to work in a department as one of a team, or single handed. Most combined departments, with a budget weighted on the photographic side are directed by a photographer. In hindsight, one wonders, if it would have been more advantageous for medical artists had they continued to work on a freelance basis for Universities and Hospitals as did the artists at the beginning of the century. Several of the present day medical artists have established their own very successful businesses.

Donald's first approach regarding salaries is recorded in the Minutes of an Executive Committee Meeting on 4 October 1952,² in which he says he had written to Mr Jewsbury of the Whitley Council. By the time of the next meeting on 24 April 1953,³ he had received a reply and at the 4th AGM on 25 April 1953,⁴ he read the correspondence and informed Members of his interview with Mr Ben Smith:-

... Mr Donald read his correspondence with the Whitley Council, & told of his interview with Mr Ben Smith. There are 9 Whitley Councils. The one which would deal with the medical artists would be the Technical & Professional (almoners, physiotherapists etc.) This Council was divided into A & B. Council A dealt with people holding recognised degrees & B with others like ourselves whose diplomas were at present valueless. Mr Donald explained that the only way we could achieve recognition from the Whitley Council would be with the help of the B.M.A. through Sir Cecil Wakeley, or by the majority of our Members joining the Assoc. of Scientific Workers which was a Trade Union. Membership was £3 p.a. Professor Last suggested that B.M.A. representation would be preferable. It was agreed that Members should send relevant particulars of salary & conditions in confidence to the Chairman. ...

The Chairman approached Wakeley & Sir V. Zachary Cope.⁵ They suggested that the Regional Hospital Board might be the best medium for negotiating with the Whitley Council. At that time the top salary fixed by the Ministry of Health was £600 per annum.

At the 5th AGM, held on 1 May 1954,⁶ Donald said:-

... the response to the questionnaire on the desirability of those Members who were eligible, joining NALGO, was fifty-fifty. He then read his correspondence throughout the year with the Ministry of Health in the hope of making contact with the Whitley Council. He now proposed that Sir Zachary Cope might be able to interest the B.M.A. in negotiating for us. ..."

The following year at the 6th AGM, held on 16 April 1955,⁷:-

... Mr Donald said he had completed the full circle and was now back where he started with the Whitley Council. All the photographers had achieved by their recognition was a salary scale of £450-£700, this top salary being considerably less than most of our senior artists earned now. He asked the meeting to decide whether to go on trying for official recognition or to adopt tactics of peaceful penetration. It was proposed by Miss Hewland and seconded by Mrs Karger to adopt peaceful penetration! Carried. ...

There was then a long time-lapse before such negotiations were mentioned again. Individual artists did what they could to improve their own situations during the five-year gap. There were differing terms of employment in hospitals and medical schools. Some artists were more successful than others, much was due to luck. Having a sympathetic Dean and Council was a great help, and especially so if the Dean was an author. The department at St Bartholomew's was particularly fortunate to have Mr Denis Ellison Nash, Consultant Surgeon, as Dean during its early years.

However at the 11th AGM, held on 23 April 1960⁸,

... It was proposed by Miss Whiteside and seconded by Miss Davison that the Ministry should be approached once again with particular regard to Maximum salary, which we still consider inadequate. Carried unaimously. Mr Donald reminded members that anyone not receiving the proper salary granted by the M. of H. Scale should write to him. ...

Another year passed before the Chairman had any more concrete news for the Members. At the 12th AGM, held on 29 April 1961,⁹ under Chairman's Report Salary Scales:-

... Mr Donald read a letter he had received from the Ministry of Health which intimated that the Ministry did not think that our claim for higher salaries was a very strong one, as so few of our members were employed full-time on the Ministry of Health Scale. Mr Donald then drew the attention of members to the recent Building Specifications produced by the Ministry, from which we could infer that in future new departments, the medical artist would be regarded as working under the direction of the medical photographer. After much discussion it was agreed that Mr Donald should find some way of pointing out to the Ministry that medical art is a speciality deserving a separately administered dept. but run in close co-operation with the Photographers and it was agreed that the initial approach should be made through a contact of Miss McLarty's who had proved sympathetic. It was also agreed that we should not ask for the support of our President unless we drew a complete blank with our Chairman's approach. ...

Donald contacted McLarty's acquaintance at the Ministry of Health with a view to her investigating the possibility of a rise in salary scales. She replied to the effect that she had investigated the matter and found that the question had already been thoroughly gone into and in view of the present pay pause and the small number of medical artists in the Health Service, there was little more that could be done at present.¹⁰

At an Executive Council Meeting, held on 3 November 1962,¹¹:-

... The Chairman reported that no progress had been made in our efforts to improve the salary scale for NHS Medical Artists who are worse paid than those working for Universities.

Two methods for further effort were suggested.

1. That those working for hospitals should join NALGO.
2. That a separate approach be made by individual artists to their respective hospitals.

After discussion it was proposed by Mr Hammersley & seconded by Miss Duckworth that members should be approached individually by letter to ascertain whether they would be willing to join NALGO as a body. On the assumption that they agree Mr Donald would then, once more, approach Mr Ben Smith of NALGO.

Negotiations with the Whitley Council progressed amazingly slowly. It took a year for any new report to be made to Members and most of the reports were extremely frustrating. One would have thought that because they were

dealing with such a small and unusual group of people that it would not have been too difficult to give them what they wanted without too much fuss, and that they could easily have been placed in a different category from the medical photographers, let alone the post mortem technicians and others, because of their skills and lengthy training. Although not all the artists had a degree or the equivalent, all of them had had training amounting to several years full-time in an art school. Some were qualified in other subjects, particularly nursing, several had started their careers by studying medicine or biology and some had opportunities in medical illustration in the armed services.

At the 14th AGM, held on 27 April 1963¹², the Chairman gave a résumé of the position with regard to the NHS Salary Scale, to date.

... All Health Service Artists have now joined NALGO, and this organisation is to send representatives to three of these artists to assess the work they do, with a view to raising the question of their salary with the Ministry of Health. Miss Graham produced a Civil Service Scale for artists containing many comparative appointments & it was agreed that this should be brought to the notice of Miss Prime of NALGO. ...

Later in the year¹³, Donald reported to the Executive Committee on the efforts of NALGO on the question of an appropriate salary scale. The Ministry of Health had offered a three per cent rise, but NALGO had considered this unacceptable, and was now working for a rate comparable with medical photographers and civil service artists. The Committee decided that it should be left to NALGO to carry on these negotiations for the time being.

At the time of the 15th AGM, held on 9 May 1964¹⁴, Donald had, at last, some good news for the NHS Artists:-

... Chairman's Report, Salary Scales.

The new NHS Salary Scale was now in advance of some of the University Artists. The problem now was how to ensure that properly qualified artists were filling appointments. The new Training Scheme should help in this & also membership of the Association. Methods of influencing Universities and Hospitals to recognise such qualifications were discussed. It was suggested that the Executive Committee should take such action as they think appropriate in approaching Universities and

Hospitals stating what the Association considers a medical artist to be, and make such recommendations as they think suitable. But that they take no action until the recommendations have been circularised to Members for their agreement & that they have agreed by a majority. It was proposed that a letter be sent by the Executive Committee explaining Medical Art to University Registrars, bringing to their notice the existence of this Association & informing them of its numbers, training schemes (present & past), time in existence, and its purpose in keeping up the standard of Medical Art. Recommendations should also be made in regard to appointments and salaries. Proposer: Mr Shepley, Seconder: Miss McLarty ...

Donald now had the problem of helping to improve some of the University salaries which had fallen behind the latest NHS Scale. It was decided again that rather than a frontal attack on Universities on the subject of salaries and status, which could do harm to established artists, it would be better to help the individual member when the occasion arose. Also it was thought there was a need to get the training scheme well established and to have more and better publicity.

By the time of the 17th AGM, held on 30 April 1966,¹⁵ the NHS Salary Scale was causing consternation again. It is minuted under The Chairman's Report that:-

... Mr Donald reported that he would soon be in contact with NALGO concerning the disappointing 3% increase in the National Health salary scales. The top figure was now £1,159 and an extra £20 on the London Weighting. Miss Brown asked if it would be possible to have a list of the members who had a lecturer's status and salary. It was agreed that a questionnaire should be sent out to members by the Chairman so that a confidential survey could be made of salaries, status and holiday leave, which might be of assistance to the artist in the lower salary and status bracket.

Proposed by Miss Davison: Seconded by Miss Brown. ...

However, after yet another year of negotiations again the news was disappointing. At the 18th AGM, held on 1 April 1967 at Leeds University,¹⁶ it is minuted under Business arising from the Minutes that:-

... No headway had been made with NALGO. Owing to the pay squeeze, nothing could be done, as soon as it ends Mr Donald said he would take up the question of another increase in salary for National Health Artists.

Miss Robinson mentioned that the physiotherapists and some other medical auxiliaries had five weeks leave per year.

Discussion took place on the differences in salary and status between the majority of artists employed by Universities and those employed by the National Health Service. It was obvious from the survey that there is no comparison. There were about seven people for whom NALGO were concerned. Miss Mustart enquired if the NHS was laying down standards of qualifications. Mr Donald said this had been done with the photographers, and the artists had been given some sort of parity with them. Miss Mustart mentioned the speech therapists who had fought a hard battle to obtain a new degree course, and this was done on principles not large numbers. It was mentioned that there are many photographers on lecturer's scales. Mr Donald said concerning leave that we have to go for higher status, then salaries and extra leave would come automatically. Miss Mustart said that in her department, (Audiovisual Centre, Medical School, Newcastle-upon-Tyne), apart from the head of the department who was a physicist, there were three graduate assistants. 16 other people were on technicians scales, she thought we set our aims too low, any artist with training or qualified by experience should be put on an academic bracket. Mr Donald said there was no problem in writing to Universities, and if anyone had the right qualifications and was not getting a fair salary, the Association could certainly help. ...

THE INSTITUTE OF MEDICAL AND BIOLOGICAL ILLUSTRATION

Several years earlier, in 1963, some members of the MAA began to put forward a proposal for an institute to bring artists, photographers and audiovisual specialists together for the future advancement of medical illustration in its widest sense. It was received with some scepticism at the time.

It is difficult to understand why, at a time when the MAA was gaining strength, the artists should be involved in forming yet another association, but it had to be admitted that the MAA was too small a group to have any influence in negotiations with NALGO and the DHSS. It was thought that if it were linked to the larger body of photographers it might have more bargaining power. Another reason was the possible duplication of training and examinations in the future and the need to lessen the burden on the members involved in the training scheme.

On 1 January 1968 the Institute of Medical and Biological Illustration (IMBI) was launched. As the first Honorary Secretary, Cull was instrumental in drafting the Articles of Association. Hansell was chosen as the first Chairman,

but as he was unable to be present in Manchester at that time, Donald took the Chair at the first Conference which was attended by some 200 delegates. The Institute of Medical Illustrators in Scotland (IMIS) was founded two years earlier in 1966, with approximately one hundred members, and was amalgamated with IMBI in 1974.

There was a gap in reporting on the NHS Scales until 1970, when some definite advancement was made, but the artists were still at a disadvantage, in that they had one grade whereas the photographers, because of the numbers of staff they could employ in their departments had two senior grades, Grade II and Chief Photographer.

In London at the 21st Anniversary AGM of the MAA held on 18 April 1970,¹⁷

... Mr Donald said he had received information from Mr Rankin of NALGO regarding a new salary structure for medical artists in the NHS, which started at £950 instead of £755, rising by increments of £30 to £1580. This represented an increase of £180 on the top figure.

He then compared these figures to the photographer's scale of £1600 Grade II & £2000 for a Chief Photographer, pin-pointing the discrepancy which still exists between the two services. It was unfortunate, he said, that medical artists had no representation on the Whitley Council but with further negotiations with Mr Rankin he hoped this position might be reversed. When Mr Donald invited comments on the subject of salaries, Mr Hammersley said that in IMBI there was some suggestion that medical artists salaries might be related to Scientists working in the Hospital Service. Other members contributed observations to the discussion but it was generally felt this could be left in the Chairman's hands. ...

By October the following year, 1971,¹⁸ Mr Donald undertook to approach Mr Rankin of NALGO on behalf of medical artists working in the NHS. He said in view of the fact that civil servants and also medical photographers had been awarded a nine and a half per cent rise he felt further efforts should be made for Members of the Association. Whether it was because of the small numbers, or for some other reasons, one can only presume that the Whitley Council did not take the plight of the medical artists very seriously.

At the Executive Committee Meeting, held on 13 July 1972,¹⁹:-

... The Chairman informed the meeting that NALGO was slowly working towards another pay rise & that, in the course of communication, he had asked them to equate the salary of a top-grade medical artist with that of a top-grade medical photographer. It was pointed out, however, that a situation potentially detrimental to medical artists may occur if NALGO took the Civil Service structure as a guide, where grading is accorded on a 'number of staff' basis.

Mr Cull suggested that a representative from NALGO, therefore, be invited to attend one of our meetings. ...

After almost another two years, at the 25th AGM held on 6 April 1974,²⁰ it was minuted that:-

... at the last meeting on April 1st, the Chairman said that, because several of the original Ministry Group had left, he & the IMBI & IMIS representatives found it necessary to re-explain the issues. This new group were informed about the function of medical artists & their special qualifications. It was explained that they were art school graduates who had attained the necessary academic background for future post-graduate training. In addition it was pointed out that the Medical Artists' Association was actively engaged in training professional medical artists. Therefore, although up to now the DHSS were willing to employ untrained artists, the standard of those trained by the MAA would be so much higher &, therefore, more valuable. The precise standard was one which could be determined by mutual negotiation.

In the light of this information the Ministry representatives, whilst observing that they felt more chartists could be included, agreed to go back & consider the issues. Mr Donald told Members that in the Ministry's deliberations, the following would be relevant: The changing face of the Health Service was still unknown &, therefore, a complete answer to our future role was not yet possible. However, through this confrontation, the DHSS had recognised that medical artists existed as a group & had special qualifications. Their job now was to consider medical artists, not on an ad hoc basis, but to devise a special salary scale & conditions of employment. The Chairman said that the position at present was that another meeting was agreed by the DHSS pending their further consideration of points emerging from the last meeting. After a lengthy discussion of the Chairman's Report during which, inter alia, the role & status of the medical artist was thoroughly explored, the Chairman asked for guidance from Members as to what they wanted him to relate to the DHSS. He also asked if they felt enough was being done & whether the Association should continue negotiations. The answer being in the affirmative, the Chairman confirmed that representation on behalf of medical artists would continue with further personal contact & discussion. ...

At the next, 26th AGM, held on 3 April 1975,²¹ the Chairman told the meeting that:-

... he wished he had been able to report all problems had been solved but this was not the case.

There had been two meetings with representatives from the Medical Artists' Association, the Institute of Medical & Biological Illustration & the Department of Health & Social Security. Once again the Chairmen of the DHSS group had changed which required further explanation. The DHSS had been informed, amongst other things, that medical illustration comprised two parts - graphic & photographic and therefore, national recognition of IMBI & MAA as professional bodies as desirable. At the second meeting the DHSS stated that they wished to refer the situation to their Scientific Officers who would report back after ascertaining the requirements of medical art. Following another approach to the DHSS concerning the outcome of their Scientific Officers' investigations, Mr Donald was informed that a new man, Mr Garlick, would now be handling our affairs. Mr Donald therefore, had written to Mr Garlick to try to arrange a future meeting & was now awaiting to hear from him.

The Chairman drew members's attention to another point at issue concerning a document which, in collaboration with photographers, had been produced by NALGO & ASTMS. In this, a proposed career structure (including photographers) had been set out & equated with medical laboratory technologists, but which did not include medical artists. Photographers, however had included proposals concerning chartists' grading.

There was now an urgent need for artists to devise a system of gradings equated with proposed Union gradings for medical technologists & photographers. In this way artists could achieve the same levels as photographers even though they may not have the same numerical strength. ...

Early the following year (1976) notice of a new Salary Scale for Medical Artists and Chartists was circulated to Members. At the 27th AGM, held on 8 April that year, 1976,²² Donald said:-

... that a joint Meeting, previously arranged to take place between representatives of IMBI (the term includes the MAA in this context) and the DHSS pending the DHSS reg. Scientific Officers' Report, had been held.

In view of the relevance concerning this report on the survey by the Scientific Officers into medical illustration in the Health Service, Mr Donald had sent the DHSS an agenda with this as the first item for discussion.

At this Meeting, however, it transpired the investigations had merely consisted of the Scientific Officers visiting medical illustration departments where they learned that the service ranged from a comprehensive one provided by some teaching hospitals to situations where piece-meal assistance was obtained where necessary. It had not resulted in their knowledge of the requirements in the Health Service. Their conclusions, therefore, were that within the Health Service the

service was a patchy one. In order that the DHSS be made aware of the scope, and related aspects of medical illustration, the following items had also been included in the agenda for the above mentioned joint meeting.

Review of the range of work currently performed by the medical photographer,

Review of the work of the medical artist and chartist.

Views of the DHSS in the long term development of illustration services.

Formation of a career structure for medical photographers and artists.

Review of training facilities.

Recognition of the Institute (IMBI) as the principal professional body representing medical photographers and artists.

For members' benefit Mr Donald read out the Notes of the Joint Meeting with the DHSS passages indicating the isolated position in which medical illustration was functioning, as follows:

The Institute pointed out that although there were only about 200-250 medical photographers employed directly by the NHS, there was also a number employed by universities and medical schools on NHS work. The actual number employed in medical illustration work in Great Britain was therefore probably as high as 1500.

Apart from the more routine type of clinical recording, more was now being undertaken in the Health Education field. Other duties included production of charts/graphs if no chartist was available, maintaining and supervising the use of audio visual equipment; producing exhibits and teaching programmes, etc. (eg. for nurse training schools), architectural recording of hospital buildings and general public relations photography.

The Institute mentioned that the work of the medical artists had altered over the last ten years, although medical artists were still concerned with recording in situations where the camera was inappropriate, where special skills and medical knowledge had to be applied, eg. in the illustration of surgical procedures. The modern emphasis on demonstration and display and audio visual teaching in nurse training, community medicine and patient care etc. had opened up new avenues for the special skills of the artist. The need to employ a fully trained medical artist to the best advantage had resulted in the creation of a lower grade of chartist who was able to undertake, with minimal training, the technical drawing required for the production of charts and graphs which formed a large part of the work of all medical art departments.

IMBI was concerned that the service should be rationalised to ensure better training of personnel, a more economical use of staff and equipment, the avoidance of duplication of work etc. There was a need for central illustration departments covering geographical areas to coordinate these activities eg. giving advice and information as appropriate, servicing and purchasing equipment and helping with the training of personnel.

The Department agreed that medical illustration provided a service of great benefit, and they welcomed the suggestion of possible savings in the rationalisation of the service. They doubted whether there was a case for an illustration department in each Area Health Authority, although it was clear that some kind of rationalisation was desirable.

The Department did not see the medical illustration class fitting easily into the proposed Zuckerman²³ structure. The recent consultative document on implementing the Zuckerman recommendations had left medical photographers outside the scientific and technical services because their qualifications were not of a purely scientific nature and could not be related to the other scientific classes. However, the Department saw the sense in continuing to link medical photographers to the scientific and technical classes for the purposes of pay and conditions of service. Medical artists and chartists could not be sensibly separated from the photographic group.

The Department had received no pressure from employing authorities to issue guidance about the development of the service and suggested that the needs of the service could best be established if the Institute had informal discussions at Area and Regional levels to discover the way in which administrators and clinicians saw the service developing to provide future needs. In the light of these discussions the Institute could put forward their ideas for developing the service, perhaps in the form of an updated version of their 1971 Report.

In underlining the foregoing, Mr Donald said the onus had now been placed on illustrators to discover the nature and extent of the medical illustration required. He continued from the Notes:-

For the reasons given it was not clear where the illustration class should be properly located in the health service organisation. At present the haphazard way in which the service had grown had resulted in varying types of structure depending on local circumstances. The management sides of the appropriate Whitley Councils had put forward proposals for a common operative date to the staff sides as the first step towards producing a Zuckerman type structure.

Donald resigned from the Chairmanship in 1977. Between 1977 and 1979 there was a interval in negotiations and meetings. However at the 30th AGM, held on the 19 April 1979,²⁴ under the new Chairmanship of Cull, it was reported that:-

... our relationship with the DHSS and Whitley Council continued to be amicable mainly through the good offices of Mr John Edwards.

The Management Side had just produced their long awaited report on Medical Illustration Services in the NHS, copies of which Council had received that morning.

Although the MAA had put forward its own submission, most of the negotiations had been handled by a 3-man IMBI team headed by Mr Donald.

Mr Donald explained that sporadic negotiations had been going on for four years with Staff and Management Side. On two occasions during the last year definitive answers were to have been given. Nothing had eventuated until the receipt of the above mentioned Report submitted for our consideration. It was not a definitive document and consisted of an amalgam of inputs from the Blue Book,²⁵ Staff Side findings and the MAA

submission. The main recommendations contained in the Report were summarised as:-

- (i) A unified medical illustration structure should be created. The outline structure at paragraph 24* was intended as an example of how this might be done.
- (ii) New grade titles and definitions should be introduced, and some new grades were needed. Definitions should provide for recognition of staff who have responsibilities beyond the service provided by the Department in which they work (paragraph 13).
- (iii) Appropriate qualification levels should be set with minimum requirements (paragraph 38).
- (iv) Pay levels could be established with reference to levels outside the NHS (paragraph 41).
- (v) A degree of Regional co-ordination would prove of considerable assistance in developing the service and making it more widely available (paragraph 21).

Mr Donald explained that into the system had to be integrated medical artists, medical chartists and graphic designers and that qualifications had to relate to the requirements of the service. The need for the training of staff would revert to us. Although the Report contained some of the proposals in the MAA submission, it still required our careful consideration and study.

Mr Cull assured the Meeting that the document would be investigated very carefully...

On behalf of the artists in the Health Service Miss Graham expressed gratitude to Mr Donald and Mr Cull for all their work in furthering the cause of the medical artist. ..."

UNACCEPTABLE PROPOSALS

Callander had been elected Chairman in 1981. At an Executive Council Meeting, held on 29 October 1981,²⁶ he reported that:-

... since the last meeting, the negotiations with the DHSS had taken a turn for the worse. He read a letter received from Mr Payne, Secretary of the Management side of Whitley Council, expressing his concern that the Joint Party on Medical Illustration Document, may come as a disappointment to those who were concerned with its findings, and suggested that more modest proposals might be looked upon more favourably.

In another letter sent to Mr R. Harris (Staff Side Secretary) from Mr Payne, he likewise suggested that 'more modest proposals might have a better chance of being implemented rather than the changes of the magnitude of these envisaged in the written report. Mr Payne had concluded that the Management Side representatives proposed that there should be new salary scales for the Medical Illustration classes, these would be based on the similar scales to the Medical Physics classes.

Mr Callander explained that the proposed scales illustrated in the appendix, are totally unacceptable to the medical artist.

As an example Mr Callander stated that with the proposed scales, Senior Medical Photographer on to Chief Medical Photographer classes have a salary scale from £7,308 to £8,316,

but no equivalent scale for Chief Medical Artist existed. Indeed, the Chief Medical Artist ceiling stops at the same limit of the Senior II Photographer.

Another point of contention was that the medical artist would also be equated with the graphic designer, according to the new proposals, despite the fact that the medical artist has a BA(Hons) qualification and Postgraduate training in order to gain Membership of the Association.

Whilst all present were disgusted with the new proposal, all were united that as an association we must protest and support Mr Cull's reply to the Whitley Council. ...

At the 32nd AGM, held on 9 April 1981,²⁷ under 14. Report on Registration as one of the Professions Supplementary to Medicine/Whitley Council:-

... The Chairman reported that very little ground had been made with the Association's application for State Registration. Mr Callander said he would keep the membership up to date in his Chairman's 'newsletter'.

Likewise, there was very little to report on negotiations with the DHSS. The Chairman called upon Mr Cull to state what progress was being made. In confidence, Mr Cull said that Mr J. Kirk of the Management Side of the Whitley Council was disappointed with the Report, and suggested that it be scrapped and for negotiations to go back to square one. Mr Cull said he would be meeting Mr Kirk within 2-4 weeks and would report on the outcome.

Early in 1982, at the Executive Council Meeting, held on 14 January,²⁸ Callander reported that:-

... despite a recent meeting with the Whitley Council the situation was still very poor, with little hope of improvement. Mr Cull said that he eventually received a letter from Mr Payne, who said that the matter was 'being dealt with', but as the proposals were being abandoned they would have to go back to square one. Mr Payne said that the main factor which blocked the proposal was that they did not accept the existence of an integrated career structure. However, it would now appear that the overwhelming problem is money. Mr Callander expressed his surprise that MAA and IMBI representatives would no longer be invited as observers. The last salary structure had been withdrawn.

As a consequence of the discussion on career structure, Council questioned the validity of its training scheme. It was felt with all the drastic cuts we could no longer guarantee posts for full-time students once they completed their training. Whilst all present felt it would be a great loss to stop our training scheme completely, all prospective students who wish to undertake full-time training would be told quite clearly that the only employment that they might expect once qualified would be as a freelance artist. The situation for in-post trainees is a different one in as much as these trainees are already in employment and it is our responsibility to see that they are trained to the desired standard. The whole question of

education and training would be thrashed out by the Education Committee. ...

At the 33rd AGM, held on 15 April 1982,²⁹ it was minuted as follows:-

... 14. State Registration and Whitley Council.

Mr R. Callander explained that Mr P. Cull and Mr G. Donald had been much involved as our DHSS representatives. Mr R. Callander said that regretfully Mr G. Donald would not be able to stay for the entire Conference, but had kindly agreed to attend the AGM to give an up-to-date report on the negotiations.

Mr G. Donald began by giving some background information of his 30 years of negotiations with the DHSS. He spoke of his earliest discussions with what was then called the Ministry of Health, to improve the career and salary prospects for the medical artist in the NHS. These negotiations were later strengthened and supported when IMBI jointly with the MAA submitted a formula for consideration. After many years of further discussions, in 1979 the Management Side of Whitley Council produced a report which provided virtually all that we had proposed, in an attempt to provide an integrated career structure.

The air of optimism was soon to be dashed, when the Staff Side (Unions) and Management met to iron out the final details, the existing Management team were replaced by a new team who withdrew their previous proposals stating that they no longer believed that an integrated profession was appropriate. The saga continued when in 1981 the Management Side decided to withdraw their withdrawal, after a heated meeting between the Management and Staff Sides. This was seen as a step in the right direction, but once again in April 1982 in a letter to the Staff Side Secretary the management provided proposals which took the negotiations back to square one. A copy of this letter was sent to the Association by Management asking if we would wish to comment.

Mr G. Donald said that he was disturbed and disgusted at Management's proposals. He wished to know why management had refused to discuss grades above Senior levels, and why the Senior Medical Artist was not brought up to date with the same scale as Chief Photographer. Management refused to discuss the document, despite that the basic work involved joint effort with the new IMBI, as professional bodies we were excluded from any further negotiations on it this was now the premise of the Trade Unions (ASTS, NALGO, NUPE, COHSE) who make up the Staff Side.

Mr G. Donald told the meeting that the Staff Side submitted a new document, which had the basic support of one of our IMBI colleagues Mr Loudon Brown (Union representative). He said a new document was received on the 14th April which would be discussed on the 16th April between Management and Staff and he would inform the Association of the outcome through the Chairman.

On the question of the Association's submission to the Council for Professions Supplementary to Medicine, for State Registration, Mr G. Donald had to convey further bleak news.

The joint submission with IMBI had been flatly turned down by

the CPSM. In their own frank way they said 'Whilst they appreciated that working in a specialised area needs some concern - they believed that at the present time there is no room for compromise for your request for extension'. ...

At the same meeting in 1982, Cull was again elected Chairman of the MAA. Later that year at the Executive Council Meeting, held on 18 May,³⁰ the following was reported under 9/82 DHSS Negotiations:-

- (i) Recent Management proposals explained.
3 grades each for Medical Photographers, Audiovisual Officers, Medical Artists.
2 grades only for Graphic Designers.
Chartist grade to be retained.
Chief, Senior Chief and Director grades removed but Chief grade may be reconsidered.

No link exists between clinical and non-clinical illustrators.
No case for early integration.

- (ii) Chairman's opinion ... Proposals represent a retrograde step. DHSS intent on dividing the sub-groups; could be an attempt to maintain status quo. Medical Artists left unscathed but unlikely to achieve Director status.

- (iii) Basic salaries, differentials for senior and equality with photographers are prime interest. Achievements here unlikely since Management state there are no funds for re-structuring.

- (iv) General policy points were made as follows.

(a) Exclusion of clinical work for Graphic Designers.

(b) Graphic Designers cannot be equated with Medical Artists.

(c) All Medical Artists must be graduates.

(d) Movement from probation to basic grade must be post-graduate trained and (by) qualification only.

(e) Unqualified artists must be barred from senior grade.

(f) Doubts expressed as to competence of Whitley panel to determine entry to senior grade.

(g) "Director" grades must be available to Medical Artists.

(h) Salaries must be improved including differential for seniors and equality with photographers.

- (v) Discussions on MAA reaction to new proposals. Choice of two actions.

(a) Await outcome of discussions between Staff and Management Sides.

(b) Withdraw support for proposed integrated profession; give approval to management proposals and thereby hope to achieve a better deal on salaries.

Course of action; instructions to Chairman. (P. Cull)

(a) Obtain reaction of IMBI to recent proposals.

(b) Obtain reaction and course of action from Staff Side negotiations.

(c) Test reaction of IMBI to independent action of MAA.

(d) Discuss matter with Gabriel Donald.

(e) Obtain clarification on points contained in Management

proposals.

(f) Report to Council at earliest date. ...

In the same year at an Executive Council Meeting, held on 29 October 1982,³¹ the Chairman reported under 29/82 DHSS Negotiations:-

- i. In his conversation with the President, who offered little hope for negotiations with the DHSS at the present time, especially in view of the continuing industrial dispute which relates to the committee on which the medical artists are represented.
- ii. The Chairman reported that he is proposing to arrange a Conference on the 'reorganisation of Medical Illustration services and the Medical Illustration profession and that this would be set up under the auspices of the North East Thames Regional Audio Visual Committee working through the NETRHA Scientific Committee. It was hoped that the Conference would give an appearance of total independence of all professional bodies and professional interests.
- iii. In relation to DHSS negotiations the Chairman raised the question of proper qualifications for medical artists and proposed that in the future the proper entry qualification for medical artists in the National Health Service at the basic grade should be a BA(hons) Degree followed by a short period of study leading to a certificate incorporating basic medical studies identical with the theoretical parts of the MAA full-time training scheme but if future basic medical artists should not require to hold the MAA Diploma of Membership as is currently the case. This would be more equable with the requirements and grading for graphic designers within the Health Service and perhaps partially at least more appropriate to the salaries paid. This proposal was supported and it was agreed that the Chairman should be in a position to make an unofficial approach to the DHSS through Mrs Wendy Burgess and propose that such a suggestion should operate as soon as possible. ...

Later that year, on 7 December 1982, Cull wrote a letter to Members concerning the DHSS Negotiations.³²

I regret that I have little to report to you on the matter of our negotiations with the DHSS. I believe the current major dispute in the Health service is occupying all the time and energies of the Whitley council and we can expect little action until this is settled. I have heard it whispered that there are changes in the pipeline relating to the structure and staffing of Whitley Council itself so a bit of a hiatus can be expected. You can rest assured that we shall continue to look for any opportunities to set in motion discussions which could lead to a rectification of the anomalies in the career and pay structure for medical artists which have existed for many years. When I last talked to the Secretary of Whitley he raised the fact that all the complaints about the structure of the Medical Illustration Service had emanated from the Staff Side

and it was intimated that had they come from the users of the service (medical staff, management, etc.) their attitudes might be very different. For this reason I am pinning some hope on our Regional Health Authority AV Committee (North East Thames Region) which we established some three years ago with the support of the Regional Scientific Officer.

REGIONAL AV COMMITTEES.

Apart from doing some important work in the Region and bringing the Medical Illustration Service to the attention of a wider range of users and management, it provides us with an important route for passing opinion to the DHSS via the Regional Health Authority. A route which is unassociated with professional bodies etc. This route will be strengthened shortly when the Committee is re-established on more formal grounds with a larger representation of users and management and the Chairman (at present myself) is given a permanent seat on the Scientific Committee of the Regional Health Authority.

We are very anxious to see similar bodies established in other regions and thus boost our influence and increase our opportunities to get the services reorganised and better recognised. If any of you feel that you can initiate moves in this direction it will be an important and useful step forward and if we in the North East Thames Region can be of any help we would be delighted to assist and advise. Documents are available from me if you would like more information.

At the first Executive Council Meeting in 1983, held on 20 January 1983,³³:-

... The Chairman reported that nothing had happened within the field of negotiation with the DHSS. That IMBI was trying to resume meetings between the staff and the management side and that the important thing they have to deal with is to iron out all the differences which exist between the Trade Unions of the Staff side and the Professional bodies. The Chairman reported that he had a meeting with the DHSS immediately after the Council meeting to discuss these problems. The Chairman informed Council that he felt the Grade of Graphic Designer was being misused and gave an example of a request from the DHSS for himself and Miss Pat Archer to assess an applicant from Sheffield who wished to become a Medical Artist. His work was assessed and turned down but an invitation and information was given for his future training in a letter to his employer. No reply was received and nothing more was heard. At a later date it became clear that the person concerned had his job description changed to Senior Graphic Designer and had produced medical drawings, received the salary although he had not taken any qualifications. The Chairman stated that this misuse of the Graphic Designer Grade was now being recognised by the assessment section of the DHSS and it was suggested that a letter putting the facts forward to the DHSS might enable us to achieve through back door methods, improvement for the Grade of Medical Artist and a higher salary reward. The DHSS assessment department may and can make the decision independently and do not have to take the issue to the Whitley Council. ...

... The Chairman explained that the situation had changed little in the past year and we should appreciate that the NHS strike earlier in 1982 was the perfect excuse for the DHSS to call a halt to any activity. The Chairman proposed to give a brief run down on the situation as he saw it.

The Chairman reported that the management side of Whitley under Mr John Edwards produced a report on a career structure which was not too different from what we ourselves wanted - it just required a little modification. The trades unions fiddled about with it and their love of negotiations rather than achievement of a solution delayed final agreement until John Edwards was moved to another post.

Mr David Payne, the new management side secretary was set on destruction - he said their own proposals were no longer valid and soon we were back to square one. The unions were furious having been caught asleep but they managed to re-open discussions on the basis of the old proposals. The management side then produced their views in a document sent out in early 1982 which again tried to destroy the original ideas. But the main aspect was that they did not want Graphic Designers and Audio Visual people mixed up with what they referred to as 'Clinical Illustrators'. We didn't much like this because we would have no control over the activities of the lesser trained people. However we in Council thought that there might be some advantages to be gained in capitulating and accepting these proposals, if we were able to exclude any clinical work from these other two groups job description and if there was going to be some equality between the clinical illustrators - i.e. medical photographers and medical artists as regards salaries because it seemed as though they were in agreement with making the grades equal. The Chairman reported that he was invited to go to the DHSS and discuss these points but he came out punch drunk. Mr Payne virtually said that they had no intention of doing anything about anything. They were not concerned about righting any wrongs no matter how old or justified - all he said is now ruled by market forces and the Minister had got the wind under his tail in this respect. If people don't like the salaries they get they can always leave - there are plenty of people waiting for their jobs - and if no one wants to do the training then the grade will cease and we will use graphic designers etc., etc.

The Chairman said that he and Pat Archer had been called upon many times in the past year to assist Whitley in assessing individual employees for upgrading. The pay scales are the same for Medical Artists and Graphic Designers in the NHS. The last group of course do not need a degree to start, and do not have to do any further training or get postgraduate qualifications. It has become very noticeable to us that people who have been employed as unqualified medical artists have been getting their employment authorities to change their job descriptions to that of Graphic Designers, have been continuing to do the same work but have managed to by-pass training and qualification and overcome the bar in the scale. This has been used to get people made up to the Senior Grade. I have objected officially to the DHSS about this and they have promised to raise the matter when the discussions begin. They have suggested that one way of

overcoming the problem is to give a pay enhancement for all those who obtain or hold the MAA Diploma. ...

Nothing further was reported until an Executive Council Meeting, held on 12 April 1984,³⁵ when:-

... (i) Peter Cull informed Council that the DHSS concept of a joint career structure for medical artists and photographers etc. had gone by the board. He understood that the unions and photographers are going ahead with a career structure on their own, leaving the artists and audiovisual people behind for the present. He explained that this was one of the reasons that we are not rushing into a Conjoint Examination with IMBI. He expressed his surprise that this decision had come about without a meeting with IMBI/DHSS discussion group, of which he and Gabriel Donald are representatives for the artists. Council discussed this at great length. ...

At the 35th AGM, on 12 April 1984³⁶:-

... Anthony Rollason pointed out that there was the possibility of our future departments being forced to be run as a business rather than being governed by a Health Authority and might have to be self-supporting. Allan Waller informed Members that this system is already in operation at Newcastle University although the rates charged could not be compared with those of commercial concerns but he saw problems in that some customers might resent the payment even for material costs. ...

There were no further reports concerning any negotiations with the DHSS until the 40th AGM, held on 13 April 1989,³⁷ when the Chairman, Cull said in his Opening Remarks:-

... Finally we may at last be making some progress with the Whitley Council. At their request a delegation visited Barts a few weeks ago where they spent virtually the whole day in discussions - both official and on a free basis with staff at every level. They seemed to appreciate the value of medical illustration and agreed to a large extent that we had been poorly treated in the past and hopefully they will now try to improve the situation. I believe their views and intentions to be clear, but they too are subject to pressures from government which seems hell-bent on destroying the NHS.

The White Paper and a number of working papers on the reorganisations of the NHS is now in the public domain. It would appear to be a philosophical document since there is no detail and no one least of all the government has any real idea how these outline proposals will work. It is so full of holes that its like trying to read a piece of newspaper after someone has used it for tearing paper patterns.

One worrying aspect is that if every activity in the NHS has to be costed towards the final product - in this case the patient's care there will be a real temptation to trim all overheads which do not make a direct contribution towards that

end. As a result we may see Medical Education and Research suffering and frankly I have a feeling that medical illustration will be seen as a non-productive overhead ripe for cuts. Lets hope that wisdom may in the end win over dogma.

Perhaps however, we will see an end of institutional medical illustration and that we will all end up in private practice - and that leads on to the problem of freelance fees. Some publishing companies are now making proposals or offering rates which are frankly insulting and this is a matter of concern.

...

In 1990, Archer was elected Chairman for the second time and at the 42nd AGM, held on 11 April 1991,³⁸ she reported in her Chairman's Address under 6. MEDICAL TECHNICAL OFFICERS IN THE DHSS, that:-

... During the last year the Whitley Council has brought out and implemented their new scales of pay for Medical Technical Officers in the DHSS. (These include Salary Scales for Medical Artists). They are certainly more realistic than anything that has gone before but a good case has to be made by individuals to gain the higher grades. One can only speculate on the result of some hospitals becoming self-governing. ...

This is the last mention of the Whitley Council and negotiations in the MAA Minutes. Without this record it would be almost impossible to believe that so much time and effort could be spent on negotiations which lacked satisfactory conclusions. The medical artists plight might well be compared with that of the nurses long struggle for a fair and reasonable remuneration. It has taken the nurses, with their strength in numbers, some 300,000, their close personal contact with the public and the sympathy of the public, a very long time to achieve anywhere near the salaries and status they require and probably deserve. It is easy to understand, therefore, that the medical artists with their very small numbers, some eighty-five in 1991 (half of whom were retired), working very much in the background, with a limited market and almost unknown to the public, would have difficulty in making an impact on the administrative staff in the Universities and DHSS. If an artist had demonstrated or gone on strike, the administrators in hospitals and medical schools and publishers would probably have thought

another one could easily be found to take his or her place.

By 1991, there were so few medical artists left in NHS employment, and as those that were seem to have made a good case for themselves to be considered for the higher grades of the Medical Technical Officers Scale, there was nothing more to be done. Some University posts were based on these scales, except where the artists had been given academic status. It was a disappointment to the profession not to have acquired the equivalent of a Non-Medical Lectureship and Scale for all medical artists.

UPGRADING AND A CHANGE OF NAME FOR IMBI

In the late 1980s, IMBI began to take a good look at itself with the intention of making some basic changes to its policies. In July 1989, a notice was circulated to members called, "Medical Illustration in the 1990s The Future of the Institute".

The first change was to alter the name to "The Institute of Medical Illustrators". It was thought that by removing "Biological" and replacing "Illustration" with "Illustrators", the name gave a more accurate reflection of the members and their work. It was decided to bring membership up to a standard level, even if it meant losing members, deselectionise the membership and generally present a new upgraded image to the medical and photographic professions. To attain this the new IMI encouraged its members to take the qualifying diploma so as to present itself as a truly professional body.

In 1990, the Institute appointed an Honorary President. He was Dr Stewart Carne, President of the Royal College of General Practitioners at the time, and this forged a link between IMI and the College. In 1992, IMI acquired its own Coat of Arms with the motto, "Imagines Verba Superant".

FOOTNOTES

No.

1. Letter no.PF/4b MAA Archives.
2. MAA Minute Book No.1 p.51. (Meeting at RCS)
3. MAA Minute Book No.1 p.53. (RCS)
4. MAA Minute Book No.1 p.56. (RCS)
5. Sir V. Zachary Cope, Consultant Surgeon at St Mary's Hospital, London. On the staff from 1921 until 1968.
6. MAA Minute Book No.1 p.65. (RCS)
7. MAA Minute Book No.1 p.70. (RCS)
8. MAA Minute Book No.1 p.103. (RCS)
9. MAA Minute Book No.1 p.109. (Middlesex Hospital)
10. The number of members in the NHS at the time was nine, although some artists working in Medical Schools were employed on NHS Scales.
11. MAA Minute Book No.1 p.125. (Kew)
12. MAA Minute Book No.1 p.131. (RCS)
13. MAA Minute Book No.1 p.143. ECM, 9th November 1963.
14. MAA Minute Book No.1 p.151. (RCS)
15. MAA Minute Book No.1 p.191. (RCS)
16. MAA Minute Book No.1 p.215. (Leeds)
17. MAA Minute Book No.2 p.33. (University Hall, London)
18. MAA Minute Book No.2 p.62. ECM, 29th October 1971.
19. MAA Minute Book No.2 p.84. (St Bartholomew's Hosp.)
20. MAA Minute Book No.2 p.138. (Newcastle-upon-Tyne)
21. MAA Minute Book No.2 p.165. (RCS)
22. MAA Minute Book No.2 p.186. (St Bartholomew's Hosp.)
23. The Zuckerman Report of 1972. Sir Solly Zuckerman (1904-1993), Professor of Anatomy at Birmingham University & held the offices of:-
Chief Scientific Adviser to the Secretary of State for Defence 1960-1966, and to the Government 1964-1971.
Chairman of the Central Advisory Council for Science & Technology 1965-1970.

President of the Parliamentary & Scientific Committee
1973-1976.

No.

24. MAA Minute Book No.2 p.247. (St Bartholomew's Hosp.)
 25. The Blue Book, 'Medical Illustration in the National Health Service', a report prepared by IMBI, August 1971.
 26. MAA Minute Book No.4. p.13. (St Bartholomew's Hosp.)
 27. MAA Minute Book No.6. is missing. Details taken from circulated minutes. (Middlesex Hospital)
 28. MAA Minute Book No.4. p.18. (St Bartholomew's Hosp.)
 29. MAA Minute Book No.6. is missing. Details taken from circulated minutes. (St Bartholomew's Hosp.)
 30. MAA Minute Book No.5. p.1. " " "
 31. MAA Minute Book No.5. p.31. " " "
 32. Letter no.MAA/DHSS82. Cull to Membership, 7 December 1982.
 33. MAA Minute Book No.5 p.37. (St Bartholomew's Hosp.)
 34. MAA Minute Book No.7 p.2. (Surrey University, Guildford)
 35. MAA Minute Book No.5 p.72. (St Bartholomew's Hosp.)
 36. MAA Minute Book No.7 p.8. " " "
 37. MAA Minute Book No.7 p.46. (Royal Marsden Hospital)
 38. MAA Minute Book no.7 p.58. (Burwells, Bristol University)
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Chapter 10.

THE MEDICAL ARTISTS' ASSOCIATION'S TRAINING SCHEMES, THE POSTGRADUATE PROGRAMME AND THE UNIVERSITY COURSES

It will be remembered that in her letter of the 11 October 1948, Davison wrote that she had told Mr Patterson Ross and the artists she had visited in London that her suggestions were:-

... b. To formulate some elastic scheme for training medical artists. I proposed that people with good art sch. work (3yrs) should go to several m. artists in turn spending a few months with each, so that they would be stimulated rather than trained to copy. The difficulty would be their anatomical training ...

In the same letter she tells Shepley that she and the other artists, she had seen, were in favour of an art school training for medical artists. She wrote:-

... all of us ... think that an art school training is essential - most say 3 years ...

The idea put forward by Davison in 1948, was very near to the reality of some fourteen years later. Students were, in fact, based in departments of some of the London teaching hospitals and medical schools and visited artists in specialist hospitals for short periods to gain some experience in a special subject or technique. However, Shepley obviously thought that the MAA Training Scheme once agreed upon would be based at his own school in Edinburgh. In his first letter to Davison he had said:-

... So far as I know I am the only medical artist in this country to hold a full teaching degree in addition to a five-years art diploma & fourteen years experience in medical illustration. We have every facility in Edinburgh for the fullest instruction in all branches of medical art ...

In those early days the requirements for a good medical artist did not include great inventiveness or imagination, but they were required to draw accurately and it helped to have a good sense of design. In advising young artists, emphasis was laid on their willingness and ability to use their skills for the benefit of others.

TRAINING CENTRES IN MANCHESTER, EDINBURGH & LONDON

IN THE 1940s & 1950s.

Davison herself took one or two students at a time in her studio. They were all art school trained. In teaching her students she had the co-operation of many of the staff and departments in the hospital especially the Department of Anatomy. There was no examination taken or qualification given.

It is rather extraordinary that Shepley preferred to take students without an art school training. The MAA has always insisted that its students should have an art school training in the Fine or Graphic Arts. In more recent years it was deemed necessary that they should have a degree or diploma in the subject. With so much medical artwork being human figure orientated, one cannot help thinking that Shepley's students would have been at a distinct disadvantage, even though the teaching at most art schools, especially of life-drawing, is not now given a great deal of importance. However, it seems that some of his students chose to attend an art school at the same time as studying with him. The artist employed in a hospital and medical school is called upon to do many and various art jobs which are expected to be of a high quality. The standard of the work of such things as certificates, menus, invitation cards, posters and notices is somewhat easier to judge by the majority than medical drawings. Obviously Shepley liked to train his students in his own particular way from the beginning, in the confines of medicine. He started a six-month course of training in 1946. In 1948 the full three-year course began, with four students. He was quite ambitious for undertaking the training of four full-time untrained students who would have needed a great deal of attention and guidance, as well as doing his own work and running a department. He did not appear to be concerned about his students finding employment at the end of their training.

The school at Edinburgh University flourished for fourteen years, until 1960, then partly because of the organisation of what was originally referred to as the London Training Scheme (to which it was confined until 1968 when the training extended to Manchester), and partly because of Shepley's ill-health, the Edinburgh School was closed. It must have been a great disappointment to him especially as he had seen himself as the most suitable person in the country to teach medical artists, a thought he shared with Tompsett as can be seen in his letter to the British Medical Journal. However, he seems to have taken it reasonably well. Much later, his praise of the London course is recorded in the Minutes of the 18th AGM on 1st April 1967 in Leeds.¹

Barber started taking students for training at the Central Middlesex Hospital in 1944. She took only one student at a time unless they were to overlap for a short period. There were no examinations and no final qualification, but the standard of work was extremely high and all her pupils acquired posts in distinguished medical establishments. Barber was very highly regarded by others in the profession.

The course at Guy's usually catered for one or two apprentice/students at a time. Limitations were made owing to a lack of drawing-board space. Treadgold was a teacher who liked to impose her own ideas on her students. Those who successfully completed the training at Guy's were presented with a certificate from the Medical School.

The formation of the MAA had brought the subject of medical art to the attention of artists and students and there were a number of artists keen to join the profession in order to get tuition and a qualification.

(See Appendix II for the list of students and apprentices who studied in the four departments).

A great deal of time had been taken up with arguments, resignations and dealing with the membership of the Association, so a number of years were to elapse before the question of an official MAA Training Scheme was seriously discussed. The first mention of starting a training scheme for medical artists was made at the Executive Committee Meeting, held on 3 September 1955, in London.²

... It was proposed by Mr. Donald and seconded by Mr Cull that Miss Hewland should organise a meeting of all London members who are interested in the teaching of students, with a view to planning some standard methods of training. This meeting will be a preliminary one to a meeting to include those artists outside London who are similarly interested. ...

By 1961 the need for training became more urgent. It is reported in the Minutes of the Executive Committee Meeting, held on 28 October 1961³ that:-

... Mr Donald expressed his concern that the profession did not appear to be producing new members. Appointments were falling vacant and there were no trained medical artists to take them up. There was a great danger that they would be filled by untrained workers. A training schedule is urgently needed and this should be referred to the AGM for discussion. ...

Although one of the main aims of forming an Association was to start a course of training for students, it was not until 1962 that a serious start was made. It was minuted at the 13th AGM, held on 28 April 1962⁴ that:-

... Mr Donald stressed the importance of properly organised training for the profession. Prof. Last suggested a possible approach to the University of London in conjunction with Art Training at the Royal Academy Schools.

It was proposed by Miss Robinson and seconded by Miss Davison that a sub-committee be set up to explore the possibilities of more organised training.

The suggested committee to be:- Miss Barber, Chairman; Mr Cull, Miss Robinson and Miss Hewland, if she would serve or failing her, Miss Wadsworth. Professor Last to act in an advisory capacity.

It was urged that a strong approach be made to medical artists outside the Association to bring them in ...

It took quite a long time - thirteen years since the inauguration of the Association - before an official training scheme was launched, but once started it probably

became one of the two most important activities of the Association, the other being the Annual Conferences.

It must be noted that efforts were being made from the start to get other bodies interested in taking on a training scheme in medical art. Those concerned with the MAA Scheme seem to have had some realization, from the beginning, that running a Course of Training was going to be quite a big undertaking for such a small group. They were also very keen to make it an official, worthwhile and recognised training leading to a qualification. It certainly needed to be worth working for - once the syllabus was planned, it was obviously no easy option, for any student.

A MEMORANDUM ON THE TRAINING OF MEDICAL ILLUSTRATORS⁵

was issued:-

In May 1962, by:-

June Akister, Royal Marsden Hospital, London

Peter Cull, St. Bartholomew's Hospital, London

Sylvia Treadgold, Guy's Hospital, London

It read as follows:-

- A. Since the closing of the school in Edinburgh University for their Diploma course in Medical Illustration in 1961, there has been no certificated training course for this subject in Great Britain except at Guy's Hospital.
- B. The scope of the Medical Illustrator now reaches far beyond the mere recording of surgical techniques and anatomical or pathological appearances.

The artist must now have:

- a) a quite considerable medical knowledge to understand problems from all departments of the hospital or medical school.
 - b) the knowledge to present statistical material of all kinds in graphic form.
 - c) the knowledge to assist the teaching staff with expert advice in the presentation of their teaching material and for their articles and books.
 - d) knowledge of casting and model-making not only in the traditional wax but also the potentialities of newer materials.
 - e) sufficient technical photographic knowledge to assist in the making of films with diagrams and animation.
 - f) understanding of the potentialities of closed-circuit television and its limiting factors in regard to diagrams and models.
 - g) the ability to design suitable exhibits for both student teaching and international congresses.
 - h) sufficient knowledge of printing to be able to produce and illustrate leaflets for patient or student instruction or brochures for their hospital.
- C. The medical artist has always required a high standard of artistic skill but today far more is required, and to train illustrators of the right calibre, the attached training Schedule is suggested.
- D. The Illustration Departments of the following hospitals have agreed in principle to this scheme.
St Bartholomew's Hospital.
Guy's Hospital.
Great Ormond Street Hospital for Sick Children.
Royal Marsden Hospital.
University College Hospital.
- E. The student at completion of such a course will have had a total of 4½ years training and it is suggested that London University should offer a Diploma in Medical Illustration for successful students at the end of this time.
Such a Diploma would not only offer an attraction to

British students but also Commonwealth and foreign students who now must go to Canada or the United States.

F. One of us⁶ has recently visited several of the schools for Medical Illustration in the United States and the enclosed syllabus is not below their standards.

The accompanying syllabus read as follows:-

TRAINING SCHEME FOR STUDENTS IN MEDICAL ILLUSTRATION
EDUCATIONAL REQUIREMENTS

G.C.E. O Level including English and General science,
A Level in Art.

ART TRAINING

Three years at an approved Art School to include, besides a general art training, commercial art, typography and modelling.

MEDICAL ART TRAINING

A student will start in one of the hospitals in the group for a probationary period of three months. If satisfactory, they will continue for a further three months with this hospital and then move on to other hospitals for wider experience and to learn special techniques. Ending with an examination for the proposed Diploma. During this training which will be approximately 18 months, the subjects covered, either by lecture and/or practical work will be:

Anatomy and physiology equivalent to that given to radiographers.

6 lectures on Pathology including 2 on microscopic appearances.

Theatre etiquette and Surgical techniques.

Clinical recording of patients including endoscopic appearances.

Presentation of Statistical material in various graphic forms.

The illustration and design of books, teaching pamphlets and other medical publications.

Animation of diagrams for both cinématography and television. The making of teaching models and facial and other prostheses.

The design and execution of exhibits of all kinds.

3 weeks in the hospital Photographic Department.

Students will also go on visits to:

A Printers and Blockmaker.

A Film Animation Studio.

A Commercial Display and Exhibition firm.

A factory making Artists' Materials.

Finally there would be examination both of a submitted portfolio of work and also two written papers; one on Anatomy and Physiology and the other on General Medical Knowledge.

Successful students would obtain a Diploma.

It is interesting that the words "Illustrators" and "Illustration" have been used here. It probably stems from Treadgold's conception that the scope of the medical artist's work should go far beyond the anatomical and surgical work which constituted Davison's experience of medical art. The addition of the 'commercial subjects', into the syllabus, can easily be traced back to her influence and must have infuriated Davison, especially as the very person she had tried to keep out was now a member helping to organise the MAA Training.

Of the three members who issued the Memorandum, Akister had been a pupil of Cull and Cull had been an assistant to Treadgold. All three had similar ideas about the new trends in present day medical artwork.

Treadgold had been unsuccessful when she applied to become a Founder Member and she refused to take the entrance examination. However, she applied for membership between 1961 and 1962, under the Eight-year Clause. As she was already taking trainee/assistants in her department she thought she should know what the MAA was planning. Further, she was being persuaded by Cull to join the Association. He thought she would be an asset, with her new ideas and her teaching experience.

An information sheet on the Training Course was issued soon after the Memorandum.

INFORMATION ON THE TRAINING COURSE IN
MEDICAL ILLUSTRATION^a

held in London under the auspices of the Medical Artists'
Association of Great Britain.

ENTRY

REQUIREMENTS Education: G.C.E. 'O' Level with 'A' Level Art and preferably with some science subjects. Human biology is particularly useful.

Art: Three years at an approved art school. Subjects, apart from general art, to include commercial art, typography and modelling.

APPLICATION
FOR ENTRY

Applications must be sent to the Education Sub-Committee who will interview prospective students and ascertain their suitability apart from education. Students will be admitted to the course only if they fulfill all the requirements.

NUMBER OF
STUDENTS

The number of students will normally be limited to three at one course, except students who come from, and will return to, overseas countries and those who are being trained to fill a specific post. For this latter group extra specialist training may be required and this must be given at the expense of the normal course subjects and therefore it may be necessary to extend the course in these cases.

MEDICAL ART
TRAINING

The student will spend six months at a Base Hospital and then move to other hospitals participating in the scheme, to learn special techniques. He then returns for a revision period to the base hospital before the final examination. For further details see separate timetable.

EXAMINATION

Students will submit a portfolio of work produced during the course. There will be written papers on anatomy, physiology and general medical knowledge.

EXAMINERS

Two of the course teachers.
Two medical artists. (MMAA)
One anatomist.
One surgeon.

THE BASE HOSPITALS⁹

There were to be four Base Hospitals or Medical Schools.

They were:- Guy's Hospital Medical School.

St Bartholomew's Hospital Medical College.

The Central Middlesex Hospital.

The Royal Marsden Hospital.

Each hospital took one student within its medical art department and the departments were chosen for the general illustration facilities they could offer. The students went to other hospitals for periods of between two and four weeks for specialist studies.

The specialist hospitals were:-

The Institute of Urology.

The Institute of Ophthalmology.

The Institute of Dermatology.

West Middlesex Hospital.

Great Ormond Street Hospital for Sick Children.

University College Hospital.

In 1962, and for the next few years a sample list of practical work was issued to the tutors for the Base Hospital Course. This specified the items of work which were to be completed by the students during the nineteen months of study, in an effort to unify the work done on the course and to enable the examiners to set definite standards for the works submitted. A time-table was drawn up, showing the length of time the students would spend at their base and specialist hospitals. It shows how extremely comprehensive the course was intended to be and how very ambitious it was to try and cover so much ground in such a short space of time. However, there was very little in the way of guidance for either the tutor or the student.

Two students started on the 1962-1964 Course, they were Gillian Lee (née Saunders) and William Serumaga.

There was disquiet among some members about training and encouraging new young artists into the field with the possibility of spoiling the private market for the established freelance members. Fairfax Whiteside says that both she and Lane were concerned at the time that their work would be undercut by bringing too many artists into this small professional field. At the same time Donald was concerned because the Association needed more members to keep going.

THE NEED FOR RECOGNITION & ESTABLISHMENT

From the Minutes of the 14th AGM held on 27 April 1963.¹⁰

... A rough draft of the preface to the prospectus for the proposed training scheme was passed around the meeting... Mr Cull, Chairman of the Training Committee then read the training curriculum ...

Miss Treadgold then reported on the position with regard to London University accepting the training as a possible Diploma Course. At the moment it seems that this is a possibility...

A lengthy discussion then followed on the subjects included in the curriculum, whether sufficient specialities were being taught and the advisability of extending the course to two years instead of the present 19 months. Finally it was agreed that the present students should exhibit their work at the next AGM in order that members might assess the progress and scope of their work.

Later in the year it is noted in the Minutes of the Executive Committee Meeting, held on 9 November 1963¹¹ that:-

... Mr Cull then reported on the Training Scheme:-

Miss Treadgold had just received a disappointing letter from the Regulator of Studies at London University. It was suggested that approach might be made to the Royal College of Art or City and Guilds to enquire whether they would be interested in the scheme for a diploma from their bodies.

The following names were suggested as examiners for the Course.

Professor Last Chairman. (Anatomy)

Miss McLarty Practising Artist unattached to the Course.

Miss Dewe " " " " " "

Mr D. F. Ellison Nash, FRCS ...(Surgery)

Mr V. Asta(Artist on the Course)

The examination is to be held in the last week of March at St Bartholomew's Hospital. The question of a certificate of having passed the course for the present two students was discussed.

It was agreed that the Association should supply one in the event of either or both being successful. ...

In 1964 Treadgold and Archer, the latter being an ex-Slade student, arranged a meeting with Professor William Coldstream, Head of the Slade School of Fine Art, University College, in order to discuss the possibility of some training link with the Slade. Coldstream showed no great interest in the proposal, indeed he went so far as to say that the University was not at all keen to expand in any way, at that time. It was felt that nothing would materialize from the meeting. It could be said that a good opportunity had been lost. The addition of a faculty for the postgraduate study of medical art - a subject both academic and historical - and with the facilities of University College and University College Hospital, could have added a new dimension to the Slade School. With the background of a former Slade Professor who had actually practised medical art it might have become one of the centres of the world similar to and rivalling the School of Bologna.¹²

According to the Minutes of the Executive Committee Meeting, held on 17th November 1964.¹³

... Mr Cull reported that ... There was the possibility of a link with the Royal College of Art, which proposed to have its own diplomas, - a letter had been written to Professor Sir Robin Darwin, but no progress had been made as yet. As soon as the Summerson Report on postgraduate education is out, it is the intention of the committee to approach the report committee with a view to having Medical Illustration included as a postgraduate subject, ...

According to the Minutes of the 16th AGM, held on 1 May 1965.¹⁴

... Training Scheme Report: Mr Cull reported that although contact had been made with Sir Robin Darwin at the Royal College of Art, no progress had been made towards any official link between the Royal College of Art or London University. The Course is recognised by the LCC and other Education Councils ... The Honorary Assistant Secretary, (Mrs Irene Prentice also Hon. Sec. to the Education Committee), reported... a visit from a representative of the LCC regarding Training Grants for Medical Art Students, she also reported that three students started their training in September 1964. There had been 14 enquiries for the next course, seven of these had returned

their completed application forms. There had been a number of enquiries from overseas. There was the question of whether fees should be the same for overseas students and whether new base hospitals should be opened to accommodate students from the north. It was decided not to increase the number of base hospitals yet. Commonwealth students should be taken, on the understanding that they return to their own country and applicants from other countries should be encouraged to apply to their own training schools. ...

REQUESTS FOR INFORMATION

An approach to the Art Schools and Universities for assistance which began in 1963 had made little progress by 1965. According to the Minutes of the Executive Committee Meeting, 13 November 1965,¹⁵

... Mr Cull reported that with regard to the training course and the possibility of a diploma, no progress had been made with the Royal College of Art. The Senior Tutor had shown some interest but nothing had materialised. According to the Summerson Report on postgraduate studies, the students would need to have four years art training before taking the Medical Illustration Course and at the end of the training they would not receive a certificate. It was thought best to leave this for the time being. Mr Cull went on to report on the present students, who were progressing favourably, their examination would be in March 1966. Three new students had been chosen for the next course beginning in September 1966 and a special course had been arranged for an Australian girl¹⁶ who would be going back to her own country. Mr Cull thought it would be most likely that the present students would be well placed in jobs. One of them was thinking of taking a post in Kenya. The scheme seemed to be running well. ...

The Association has continued to have enquiries for information over the years. To most people it sounds a most interesting profession, working so closely with the medical profession, which itself has always had a special and even rather glamorous reputation. Numbers were reported in the Minutes of the 17th AGM, held on 30 April 1966.¹⁷

... Mrs Prentice reported that since the last AGM there had been 110 enquiries about the training scheme compared with last year's 60 ... Mr Cull reported that he would soon be meeting a member of the staff of Hornsey College of Art to discuss a possible basic training for medical art students. This school of art runs a technical illustration course and a biological drawing course and the students take the examination for the Diploma of Art and Design. ... It is thought that this course

was a good basic training for students wishing to specialise in medical art. ...

The second group of two students, Julia London and Jill White received their certificates in 1966. However, there was some controversy concerning the standard of the students' work, especially from Davison.

The following year the education report at the 18th AGM, held on 1 April 1967¹⁹ is minuted as follows:-

... Hon. Ass. Sec.'s report: There have been 90 enquiries about Medical Illustration as a career, plus 9 requests for application forms. There had also been enquiries from Canada, USA and Singapore...

Mr Cull reported: With reference to the three students. The specialised course was rather spread out this year owing to the illness of some members. No progress had been made with Hornsey School of Art. A lecturer in plant drawing at the Sir John Cass School had expressed interest in our work ... He (Cull) said he would be pleased if the provinces could take on some training. Last year two jobs went to outsiders as there were more jobs than trainees. The student who failed last year was given the opportunity to do the written exams six months later, but did not do so. ...

Concerning the Teaching Programme: Miss Davison said she thought the standard was low among students and that more time should be spent on Anatomy and less on the commercial side. Mrs Lee said that the type of work she did in training was the sort of work she does now in an active department...

It was mentioned that it is still a trial scheme and if emphasis is in the wrong place, it can be altered... Mr Shepley praised the training scheme. ...

After the Training Scheme had been in existence for a few years and after having some problems of discipline with one or two of the students, it was thought expedient to have a set of rules,¹⁹ which the students, or their parents or guardian, if under age, were required to sign. It was also decided to require the students to have a medical examination prior to working in a hospital environment and in line with the requirements of members of the staff in hospital and medical school departments.

In 1967, there was a change in the Chairmanship of the Education Committee. Cull resigned; he had become involved in the formation of the Institute of Medical and Biological Illustrators. Rather surprisingly Lyth, who does not seem to have played much of a part in the

Education Programme so far, was chosen for the office. It may have been because he had a degree in Fine Art. This change is recorded in the Minutes of the Executive Committee Meeting, held on 23 September 1967.²⁰

... Education Committee: Mr Cull opened the report by tendering his resignation as Chairman of the Committee, due to extreme pressure of other commitments ... Names were put forward and voted upon, as a result Mr Lyth is being approached with a view to taking over the Chairmanship of the Education Committee. It was further agreed at this time that Miss Pegus should be invited on to the Committee. ...

It was in 1968 that the first MAA Students were taken into the now combined Department of Medical Illustration at Manchester. In Davison's day there were separate departments of Art and Photography. The opening of the Manchester based course is reported in the Minutes of the 19th AGM, held on 30 March 1968.²¹

... Chairman of the Education Scheme's report: Both students, Miss Margot Salter (Cooper) and Mr Peter Jack had passed the examination. There had been 30 applications for the 1968-1970 course. Four students had been chosen after interviews in London. Three would train in London, one in Manchester. There were an increasing number of enquiries from Career Bureaux and at least 117 from private individuals... Miss Pegus asked if the art schools know of our training - Mr Cull said they had never been circularised but enquiries had come from many. Hornsey School of Art had made close contact with us and may eventually join us in a four year course of training for our students. ...

The list of practical work for the students was revised in 1969, and a second list of work²² was used during the 1970s, it differed very little from the first one. Also in 1970 a compulsory and recommended reading list was issued.²³

PROGRESS OF THE FULL-TIME & IN-POST TRAINING COURSE

When it was first started the MAA Course was designed for Full-time Students only, but by 1973 it was realised that it would be necessary to have a course which would be suitable for both Full-time and In-post students.

The Full-time students taken into departments had the benefit of tuition and guidance from the Head of the Department and the opportunity to see and discuss the work

of other members of the staff and observe, at first hand, the management of the departments. Potential In-post students were artists who were already employed in a post in either a hospital or University without previous training. There was no officially recognised qualification for medical artists and they were being employed by doctors, administrators and others. In some cases, neither they nor the artists themselves had any understanding of the knowledge required to illustrate competently the many different branches of medicine and surgery. The artists were probably keen for employment, whatever it might entail, and medical work could appear as an interesting option, so appointments were made and disappointments suffered. When the artist displayed a lack of knowledge of the subject, he was advised to contact the MAA for advice. Similar situations occurred when an artist was employed in a photographic or an audiovisual aids department.

The Association did what it could to help the unqualified or untrained artists by offering them some training to improve their knowledge and skills and possibly become Members of the Association. Most of them were taken on during the 1970s and 1980s. The MAA encouraged employees to register as In-post students, especially if they had the necessary basic qualifications. This necessitated their having to do course work in their own time, in the evenings and at weekends. Even if they were given some study-time it was quite difficult to fit in so much work each day. Consequently, it could take a long time to complete the course, some gave up and the failure rate was rather high. However, being on it, if only for a short time, and in contact with other medical artists did give them a better understanding of the range and production of such work. (see figures on p.265).

The Full-time students needed their full nineteen months study, which included holidays, the equivalent of two academic years and some local authorities recognised it as eligible for a grant. Although, at first, no time limit was put on the In-post students it was suggested that they

should take not less than 2 years and not more than five to complete the course. For those who have taken the final examination, two to five years has been the average time, although one student took ten years. As the Association has become known it has tried, gradually, to influence hospitals, medical schools and others to employ artists who are already members of the MAA.

THE POSTGRADUATE QUALIFICATION IN MEDICAL ART

It was thought that if the MAA qualification was to be considered and accepted as a postgraduate qualification, the student must have a basic university degree or equivalent. The MAA Training Scheme developed along the following lines during the 1970s and became known as The Postgraduate Qualification in Medical Art after 1981.

Both Full-time and In-post Candidates were required to have completed a three or four year Full-time Art School or Polytechnic training and have obtained a BA(Hons) degree or equivalent. This was a necessary prerequisite in the hope of giving the student a good grounding in the Fine Arts or Graphic Design. Unfortunately the standard of the skills in drawing and painting had deteriorated greatly, owing to the lack of life-drawing at some art schools. The MAA did not see itself teaching candidates the rudiments of drawing and painting, but rather channelling their ability as graduate artists into a medical context.

Some of the students accepted had graduated from courses which offered, at an appropriate point in their training, the option of scientific and technical subjects. The scientific subjects could include botany, biology, zoology and an introduction to medical illustration. Both the North London Polytechnic, now the Middlesex University, and the Department of Graphic Design at the North Staffordshire Polytechnic provided such courses.

The Full-time medical art students continued to study at the base hospitals in London and at the one in Manchester. A syllabus was provided and supervision, guidance and

advice offered to candidates by:-

- the qualified medical artist at the hospital to which the Full-time candidate was attached.
- the qualified medical artist at the In-post candidate's place of employment. If there was no qualified medical artist at the place of employment the Association's Education Committee would appoint one at a convenient geographical location, to whom the candidate could apply for advice and guidance.

Requirement notices for In-post Students were printed as follows.

EXAMINATION FOR DIPLOMA OF MEMBER OF THE MEDICAL ARTISTS' ASSOCIATION THROUGH A COURSE OF IN-POST TRAINING²⁴

Approved by

The Medical Artists' Association of Great Britain

ENTRY REQUIREMENTS

i. General Education General Certificate of Education must include English and at least one science subject at 'O' level. The normal minimum requirement is 5 subjects at 'O' level but this rule may be varied in special circumstances.

ii. Art Education Intending candidates must have successfully completed at least three years full-time instruction at an approved art school, and after examination been awarded a nationally recognised diploma or other acceptable qualification of the School.

IN-POST MEDICAL ART EXPERIENCE

A minimum of three years full-time In-post experience is required before application is made for the examination.

Basic Subjects covered for the examination include:-

i. Theory Anatomy, physiology, general medical knowledge, elementary photography and audio-visual education techniques.

ii. Practical Illustration Anatomy, pathology, surgery, surgical anatomy, clinical, microscopic, endoscopic, ophthalmic, apparatus and instruments, teaching charts, exhibitions, diagrams, medical photography, statistics, over-head projection and typography.

EXAMINATION PROCEDURE

Part One Held in March of each year. Consists of two parts:-
Written Papers, based on set books, on anatomy and physiology, and general medical knowledge.
A thesis on one of a number of given subjects.

Part Two Candidates will submit to a Board of Examiners, a portfolio of work covering each aspect of the work mentioned above.

APPLICATION FOR ENTRY FORMS FOR IN-POST TRAINING

Requests for application forms should be sent to:-

ADMISSION TO THE ASSOCIATION

Admission to Membership of the Association by obtaining the Diploma of the MAA will be granted only to candidates who have successfully completed an approved course of professional training and who have satisfied the requirements of the Board of Examiners. In addition the successful Full-time candidates shall also complete one further year in a post.

The course of study for both Full-time and In-post students combined both theoretical and practical aspects of the profession: the theoretical part, in three main sections, was comprised of basic and clinical sciences and a thesis. An understanding was required of the principles of anatomy and physiology and a knowledge of specific subject matter, from the structure of the human cell to different organs and their related functions. Disease processes and their relation to specific systems were studied together with the general principles of disease. Based on the set textbooks, theoretical knowledge was acquired by individual study and where practicable, formal tuition. In London the tuition was provided by Consultant Surgeon, Professor J. S. P. Lumley, of St Bartholomew's Hospital, and Anatomist, Dr M. C. E. Hutchinson, of Guy's Hospital Medical School. The level of knowledge for examination in both basic and clinical sciences was indicated by specimen questions and answers in the syllabus. An additional theoretical part, relating to ethical aspects of special concern to medical illustrators was contained in recommended reading on the subject, the MAA's Code of Practice on Confidentiality of Illustrative Clinical Records²⁵.

The practical aspects of the course covered the subject matter and techniques which are the basic requirements for the application of medical art. Preliminary work established accuracy of observation, knowledge of anatomy and the ability to clarify structures. This was followed by project work, which allowed a candidate to demonstrate that he appreciated the objectives by devising effective methods of communication in a variety of subject matter

and media. A thesis, based on a subject of the student's own choice, was required to be prepared in the form of an article for a professional journal. During their course of studies, candidates were expected to attend workshops where they might take part in discussions on techniques, administration, copyrights and other relevant subjects. An individual record of progress was maintained for all candidates and twice-yearly assessments, one in March and one in November, of the candidate's practical work and interviews by the Board of Examiners appointed by the MAA were held in London. The Board was composed of four external medical examiners, one being the Chairman, and three qualified medical artists.

The assessments enabled all students to show their practical work to the Board of Examiners and have each item judged for a Pass or a Credit or for referral, for more work to be done on it or amendments to be made. This meant that by the end of the Course, when the time came for them to show their complete portfolios, all their practical work had been seen and approved, having reached the required standard. Only the final project, the roughs of which had also already been discussed with the Examiners at a preliminary assessment, had to be examined.

The four-part final examination included written papers in both anatomy and physiology and elementary medicine, surgery and pathology (set and marked by the anatomist and consultant surgeon respectively), the submission of the thesis, a few weeks before the date set for the written examinations and presentation of a portfolio of practical artwork. Results were graded and awards made accordingly, pass, credit, or fail. The Final Examinations were held at the same time as the Assessments, twice a year if necessary. If successful the candidate would receive a Certificate of Proficiency at the next Annual General Meeting.

The course continued to be run by the Education Committee, with the assistance of the Examination Board and the

Tutors, who either had students based in their departments, or took them for short periods for specialist work. Students either paid their own fees or could apply for a grant from their local Departments of Education. For this purpose the Course was recognised as an official form of training. Part of the student's grant was paid to the MAA, to help to cover expenses, such as organising meetings, examinations, workshops, the hiring of rooms, stationery and postage etc. Part was paid to their Base Hospitals and the Specialist Hospitals to cover the cost of materials, books and equipment. No fees were ever charged by, or paid to the Tutors. The training relied on the good will of both tutors and examiners.

The duration and training of medical artists was under constant review by the Association's Education Committee. The changes in the syllabus reflected appropriate changes of emphasis. The Association's prime object and overriding concern was to ensure that, by continuing participation in the qualification of the medical artist, it maintained the standard and integrity of medical art in the best tradition of the Founder Members.

By 1980, the Education Committee had produced a booklet called Postgraduate Qualification in Medical Art - Course Structure and Curriculum.²⁶ It was sent out to all those requesting information about the Course including Career Officers and schools. Before the 1981 edition was issued, it was decided to stream-line the Practical Part of the Course, by having a much smaller number of compulsory preliminary items of artwork. The number of mandatory items was reduced from 25 to seven. This seems a great reduction, but a wide range of subject matter remained to be produced in a variety of techniques and media. The discarded items were replaced with a project - a medical or surgical subject chosen from either a given list or by the student, with his Tutor's approval and to be researched as well as illustrated by the student. This was thought to be an excellent way of giving the student experience in researching a medical subject and

illustrating it in various appropriate ways and for several different purposes.

It is also noticeable in the programme of 1981, that more explanations were given with the required items. It was thought that the student should know the purposes for which a work was requested and that the medium used was appropriate for its reproduction. A reduced photographic copy was to accompany the pen, ink and line items.

In 1984/1985 the booklet "The Postgraduate Qualification in Medical Art" was revised again. It was decided that the compulsory items should be reduced even further, this time to five. It was thought that if the remaining five various subjects with their different techniques were produced to a very high standard together with the work for the project, the students would have gained sufficient practical experience for any post. The biggest change in the 1985 edition and those that came after it was concerned with the project. The students had been required to write their own text on a subject of their own choice or one given to them, which they were required to research themselves. The Examination Board and especially the medical members suggested that in future, the projects should be based on articles, papers or chapters written by medical authors. The Examiners found it difficult to judge a medical or surgical text written by an artist, however well he or she may have researched the subject. Also the research itself was taking up far too much of the student's time and there was a great deal of confusion because of the differing views held by medical men in different institutions on the management and treatment of some conditions. However, it was decided that the artist should be expected to be able to arrange a text into an easily comprehensible and attractive design for an exhibit, tape-slide programme and booklet. The 1986 and 1988 versions of the Course Structure and Curriculum remained the same until 1989 when the booklet developed into a glossy-covered A5 size handbook.

During the 1980s the MAA extended the Course to take on Extra-mural students. These were artists who worked in private practice, in an art studio, for publishers or pharmaceutical companies and were not attached to a hospital or medical school. Three were registered, but only two started the Course.

NUMBER OF REGISTERED STUDENTS

The MAA had 74 registered students between 1962 and 1997.

39 have become members of the MAA.

24 withdrew from the Course; of those:-

3 were Full-time Students.

19 were In-post.

2 were Extra-mural.

6 failed the Final Examination on one or more written papers (one became a member by way of the 8yr Clause).

1 was asked to withdraw, due to lack of application.

2 registered but did not start the Course.

2 have not yet taken the Final Examination.

The largest number of withdrawals came from the In-post category. The most common reason was pressure of their In-post work or a decision to go abroad.

Only 2 of the 31 Full-time students took more than the nineteen months to complete the Course, - both took one extra year. The 8 successful In-post students took between two and ten years.

The numbers demonstrate that In-post and Extra-mural training was not very successful. The Full-time students were encouraged to work hard from the start and keep up the momentum throughout the 19 months. Some of the In-post students alone in a photographic environment, probably without much encouragement, consequently felt that their studentship was going on indefinitely, and not being able to see an end to their studies they eventually withdrew.

Also, as with some of the freelance artists, there was no great incentive; they were already in a job and it may be that they were on a salary scale which would not be affected by the acquisition of any extra postgraduate qualification. For such hard work, and giving up their lucrative time to study when they were already reasonably successful, the freelance artists wondered if it was worth-while.

The Training Scheme has been the MAA's main contribution to the profession. For those who have stayed the course, it has given them a tremendously good, sound and wide grounding. Many of the more senior artists wish that there had been something on the same lines many years before. It is a training which is done best in a department within a teaching hospital or medical school with the co-operation of other departments and their facilities.

LATER DEVELOPMENTS

When the Course was first instituted it was called "Medical Illustration". The Education Committee was keen to appear to take on the whole scope of medical illustration, later it was realised that while the MAA students should be well aware and familiar with all the technology, the MAA Course was a specialist one, particularly for gaining experience in 'pure' medical artwork, something that could not be gained anywhere else but in a hospital or medical school department under the guidance of an experienced medical artist. Hence the reversion to the word "Art" which distinguished it from "Medical Illustration", which also encompassed the medical photographic and audiovisual services. It was thought that once the students were trained in the basic knowledge and skills of medical art they could arrange their own training in the latest technology, in whatever work situation they found themselves. There is no doubt that computers and other modern technology have their uses for the modern medical artist who should gain as much

experience as possible in the field and be aware of the potentials of the latest methods.

During the 1980s, due to the cuts in expenditure in hospitals, the following institutions did not replace their artists when they came to retirement, so limiting the places for training MAA students:-

The Central Middlesex Hospital

The Middlesex Hospital

The West Middlesex Hospital

University College Hospital

Departments at Guy's Hospital Medical School and The Institute of Urology, London have been altered to include graphic artists or chartists in their photographic departments.

In 1984, the North London Polytechnic was approached by both IMBI and the MAA on behalf of Photographers and Artists. Some of the MAA Students had come straight from the Scientific Illustration Course, with its emphasis on biological and medical work. Meetings were held between members of the Polytechnic, members of the Institute of Medical & Biological Illustration, the Institute of Incorporated Photographers representing the photographers and the Medical Artists' Association representing the artists. Negotiations started towards inaugurating an MA Course in Medical Illustration, a comprehensive course for both artists and photographers. The Polytechnic was keen to increase the number of its courses and students, but it was a particularly bad time, when grants to departments were beginning to be cut, so in spite of many meetings and drawing up some plans, nothing materialized.

Also in 1984, Archer as Chairman of the Education Committee contacted the Slade School of Fine Art again. She wrote to the Slade Professor, Sir Lawrence Gowing,²⁷ suggesting a possible link with their postgraduate MA Course, but whilst being sympathetic to the cause, he said that he could not be of any assistance to the MAA on such

a project. It may well be that any approach to art schools at that time as well as in the 1960s was extremely unfortunate. Life drawing and academic work in art schools were no longer being given the importance on the curriculum that they once had. Good draughtsmanship was neglected for the more fashionable 'paste-up' work. It may be that the studied, detailed work of the medical artist would not have fitted into the modern art school. Also, it might have been difficult to find the right guidance from among the staff for that type of student. However, Gowing did say there was nothing to stop a student on the Slade MA Postgraduate Course from taking Medical Art as his subject. In fact, one student, who was about to register as a MAA Full-time student, was offered a postgraduate place at the Slade and took as his subject a project on eye movements and received his MA. The medical examiner was O'Brien, Chairman of the MAA Board of Examiners.

THE UNIVERSITY COURSES

After the years of unfruitful approaches to art schools for assistance in enabling the MAA's Course of Training to become an officially recognised one through an art school and under the auspices of either a University or Polytechnic, and after long negotiations, the first University based course was inaugurated, but not through an art school. St Bartholomew's Hospital Medical College agreed to take on medical art students and register them as students within the University of London. After so many years of trying to acquire this status through the art schools, it was the medical schools which finally accepted the training. One wonders why they were not approached in the first place, especially as there was the example of Shepley's registered University Course back in the 1940s. Now it seems to be the most obvious contract to have made.

In the early 1990s, the MAA realised that because of the loss of appointments in some, mostly London, hospitals and medical schools, they would find it extremely difficult to continue with the Postgraduate Programme in its present

form. The Association needed to unburden itself of the administration while still retaining a control of the standards and consequently of the Membership. So much of the work of the Association relied on the goodwill of the members and in some instances their Institutions. As posts have become fewer and the majority of members are working in private practice, there are not many members who can undertake the amount of administrative work which has to be carried out in the education and training programme.

Cull's negotiations with his administrators at St Bartholomew's progressed so that the registered and successful students on the Course in his department within London University would be eligible for a University Diploma.²⁸ The Diploma Course was approved and started in 1989. It was based on the MAA Postgraduate Course and Syllabus. Cull, being the head of the department, was still responsible for the tuition of the students who were required to present work for assessment before the MAA Examiners twice a year. The final written examinations were to be set and marked by chosen Consultants at St Bartholomew's Hospital. The thesis and portfolio of work would be examined by their own Board of Examiners and the Chairman of the MAA Board of Examiners would be in attendance at the Final Examination representing the MAA. In 1992, Neave negotiated a similar sort of scheme with the University of Manchester.²⁹ The students working on this MSc degree course are required to follow some particular line of research in art applied to medicine. The Examination arrangements are the same as those in practice at St Bartholomew's. Their first student, Caroline Wilkinson was funded by Cooper's firm 'Limbs and Things' for whom she had done some research work. She gained her degree in 1994. In 1997, the MSc degree in Medical Art in Manchester was upgraded to a MPhil degree, with the same work programme. In 1992, negotiations were also started for a third centre at Cambridge University by Ball, a former MAA student who holds the post of Medical Artist in the Cambridge University Department of Medical

Photography and Illustration. So far progress has been slow, but it is hoped that this Course will be ready to open its doors to students within a few years and that it will be recognised as an MA degree course.

The MAA was left free from the administration of these courses, but with some control over the subjects taught and the standards kept. The students would be able to present themselves and their work for assessment before the MAA Board of Examiners twice a year, and the Chairman of the MAA Board would join the examiners at each University, representing the MAA at their Final Examination. If successful, it would be a great relief for the MAA to have these three University Courses taking over, securing the future of the training of medical artists. However, there were still the practising medical artists to accommodate who are unable to take a full-time studentship. A revised programme based largely on the last training scheme was devised and developed into a self-directed form of work and study with a structured syllabus. Study is based on the Ross textbook, Anatomy and Physiology in Health and Illness. All the necessary career information, details of work and recommended reading were published in the 1992 edition of the MAA booklet. "Postgraduate Qualification in Medical Art" Leading to Membership of the Medical Artists' Association of Great Britain.³⁰ (fig.10.1)

These Postgraduate Students were still required to produce an original dissertation of not less than 3,000 and not more than 6,000 words on an historical, philosophical, or technical subject associated with medical illustration. However, instead of written examinations, at the Final Examination questions were to be asked, relating to Basic Sciences and Clinical Sciences, based on the set textbook and submitted artwork. These examinations and questions relating to Professional Ethics were to be by viva voce.

A list of Members willing to be Tutors was issued to each student. They were able to choose their own Tutor, or

indeed Tutors. The fees were negotiated between the Tutors and the students; the MAA was not in any way concerned with the financial arrangements.

The Education Committee are convinced that the University Courses together with the MAA Postgraduate Programme put medical art training on a very firm basis for the future. Although in the last decade of the century there has been a lack of posts for medical artists in hospitals and medical schools, there is certainly no lack of work.

To summarise, by 1992 the MAA had a completely comprehensive course for all grades of student, leading to Membership of the MAA.

1. The University Courses linked with the MAA, (by means of examination and membership), for the young 'just out of art school' candidate.
2. The Postgraduate Programme, a self-directed course, run by the MAA for the practising medical artist, who could not give up his work to attend a full-time course, but who wished to qualify and gain Membership of the MAA.
3. Professional Entry, which took the place of the Discretionary Entry, for well-established Medical Artists, who wished to join the MAA.

The aim of the Postgraduate Programme was to have a completely self-directed course and to give enough information to students wishing to do this study to be responsible for themselves, as in the Open University. However, one of the criticisms made by the students was that they had no base where they could meet and discuss their work. In the past the students had worked in the environment of an active department. The new Chairman of the Education Committee & Qualifications Board, Halstead, sought some remedy.

In 1996 the offer of some space in the Anatomy Department at University College for students to meet and work has

had an influence on the construction of the updated syllabus. So also has a legacy for scholarships, left to the MAA by its American member, Charlotte Holt. It has been found possible to use some of the funds on the education programme. So in 1996 there was a change of policy concerning the students and the following notice sent to the tutors explains the situation.

POSTGRADUATE COURSE IN MEDICAL ART

October 1996

Please find enclosed the new syllabus and Course pack which is being sent out to all student members of the MAA, it includes an updated syllabus and information. Fact sheets will be added. It has been my aim for sometime, to adopt a more structured base for this Postgraduate Course, incorporating Tutor Seminars, an Anatomy &/or hospital connection and students meeting up regularly. Jo Cameron (Hon. Sec.) and I are very happy to announce some substantial achievements for this October 1996 student intake.

We have been very fortunate in establishing a link with UCL. An extremely warm welcome has been extended to the MAA students by the Anatomy Dept. at UCL, particularly by Professor Christopher Dean who has been very generous in offering the MAA students and tutors a study room for use as a base. Open invitations for our students to sit in on 1st/2nd year medical student anatomy lectures, full access to the dissecting room, normal and pathological specimens and even the use of the PC's. The study room has enabled Jo and I to set up a series of 9 seminars for the next Academic Year. Each one will start with a discussion of current work, followed by a tutor workshop. We should like to bring a tutor to the student group and pay a tutoring fee, thus making full use of a shared learning process and the tutors time. The tutor list is enclosed in the pack and, as before students are free to make a private arrangement. (minimum hourly fee £15.00).

The MAA interviewed students in April who had applied to study the Postgraduate Course, and accepted four, who registered to start in October 1996.

The Course, as you know, is self-directed and we are careful to select students who are self-motivated enough to follow this programme. We now make it clear at interview that all Seminars, Assessments and Annual MAA Conferences are an integral part of the Course and must therefore be attended and budgeted for.

The Course is flexible and kept at a low cost, allowing the students (who have no base hospital or grant) to work part-time while following this Course. They can choose the speed, but with regular contact and encouragement we hope they set their own dead-lines. They have already been urged to think about a topic for their dissertations which could tie in with their project work as a theme.

These Seminars are also open to students already on the MAA and MPhil Course and they have been informed.

We are feeling our way slowly regarding the contents of the seminars, but I should like to involve the MAA Tutors listed and other members in various topics and techniques on these seminar days, and we hope to be in touch shortly.

A letter was sent to the students to inform them of the new facilities at UCL and the forthcoming seminars.

So, in 1997, instead of reducing its responsibilities, the Association is once again taking on the organisation of study and seminars. Also, the students are being subsidised by grants to encourage them to attend the MAA Conferences and Workshops. Both tutors and students are enthusiastic for the new arrangements, which should help to make today's students feel that they belong to the MAA as others did in the past. (fig.10.2)

The MAA can take credit for the fact that there are as many young artists practising medical art today. Although there have been failures, these have been due most probably to the lack of determination of the students themselves, rather than the fault of the Association. The Association certainly has, through its training and exhibitions, raised and kept a high standard of work among its members, and has certainly given a professionalism to the medical artists of the twentieth century. Now in 1997, in the last decade of the century, the diploma of membership of the MAA has become the established qualification for professional medical artists in the United Kingdom. However, it took over 30 years to become a University subject, in spite of being recognised by Edinburgh University so many years earlier.

MEDICAL ARTISTS' ASSOCIATION
OF GREAT BRITAIN

Postgraduate Programme in Medical Art

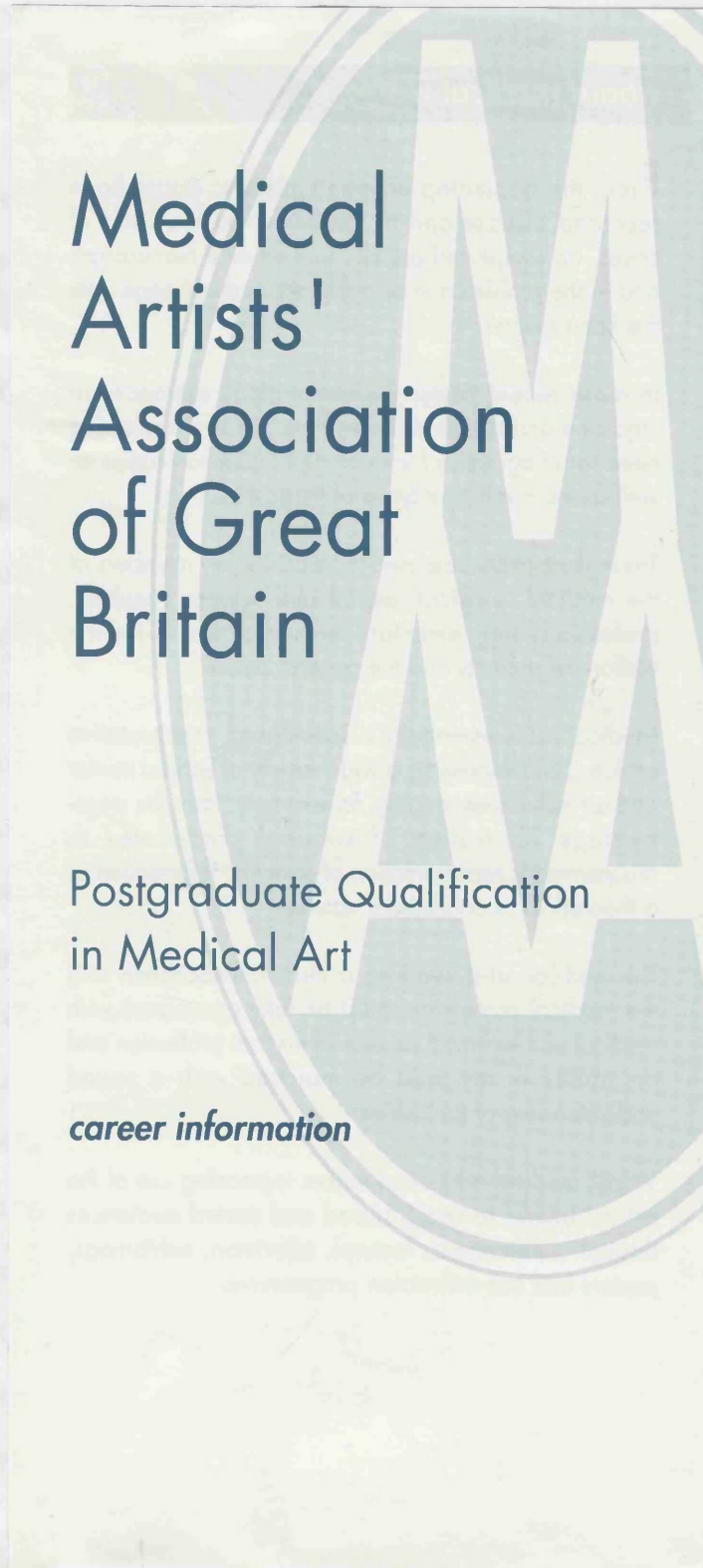
Leading to Membership of

The Medical Artists' Association of Great Britain



Syllabus

Cover of booklet, "MAA Postgraduate Qualification in Medical Art" Syllabus 1992.
The MAA Archives.



Career Information Pamphlet
"MAA Postgraduate Qualification in Medical Art", 1996.
The MAA Archives.

FOOTNOTES

No. 1-5, 7-15, 17-30 are in the MAA Archives.

No.

1. Minute Book No.1 p.225. (Leeds)
2. Minute Book No.1 p.74. (34 Bolton Gardens, London)
3. Minute Book No.1 p.113. (40 West Park Road, Kew)
4. Minute Book No.1 p.121. (Royal College of Surgeons)
5. No.MAA/TS1. Memorandum, May 1962.
6. Sylvia Treadgold visited America in 1961.
7. No.MAA/TS2. Educational Requirements.
8. No.MAA/TS3. Information on the Training Course.
9. No.MAA/TS4. Base Hospital Course.
10. Minute Book No.1 p.137. (RCS)
11. Minute Book No.1 p.149. (40 West Park Road, Kew)
12. Details from the Brochure of the School at Bologna.
13. Minute Book No.1 p.161. (Guy's Hospital)
14. Minute Book No.1 p.175. (RCS)
15. Minute Book No.1 p.183. (Guy's Hospital)
16. Margot Cooper (née Salter).
17. Minute Book No.1 p.197. (RCS)
18. Minute Book No.1 p.217. (Leeds)
19. No.MAA/TS4. Rules for Students.
20. Minute Book No.1 p.227. (Guy's Hospital)
21. Minute Book No.1 p.239. (RCS)
22. No.MAA/TS5. Second List of Work.
23. No.MAA/TS6. Compulsory Reading.
24. No.MAA/TS7. Details of the Examination for the MAA Diploma for In-Post Students.
25. No.MAA/Bk5. Code of Practice.
26. No.MAA/Bk6. Postgraduate Qualification in Medical Art, Course Structure & Curriculum.

No.

27. Letter no.MAA/TSLet1, Gowing to Archer, 3 April 1984.
 28. Details in the Brochure on the University Diploma Course at St Bartholomew's Hospital Medical College.
 29. Details in the Brochure on the MSc Reasearch Course at Manchester University.
 30. No.MAA/Bk7. The 1992 edition of the MAA booklet, Postgraduate Qualification in Medical Art Syllabus.
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MAA CONFERENCES 1950-1997

The Association has held an Annual General Meeting in April every year since its inauguration in 1949. The first one in 1950 took place at the Royal College of Surgeons of England, Lincoln's Inn Fields. It was a one day affair consisting of an Executive Council Meeting in the morning and an AGM in the afternoon. The next two were also held on one day at the RCS, but included in the 1951 meeting was a visit to Barber's and Wilson's departments, a tour of the College with Tompsett as guide and a talk by Davison on "Teaching Medical Art". (24 members attended the meeting). At the third meeting in 1952 a visit to the Combined Exhibition of Medical Art and Photography at BMA House, and a visit to an engravers in the City were part of the programme. (The number of members attending rose to 27). The next five meetings, 1953-1957, were also held at the RCS, each lasting two days and the number of delegates varied from 20-27 members. The 4th Meeting in 1953 included two social events in the programme for the first time, an informal dinner and a visit to the theatre. (19 members attended the AGM). The 5th Meeting in 1954 also included an evening at the theatre, and a talk by an invited lecturer. Donald was to ask Gillies to talk on "What an Author expects from a Medical Artist". 20 invitations were sent out. No details are reported of the 6th meeting in 1955, except that the AGM took place, as usual on a Saturday, 16 April and 21 members were present. The meetings were not yet considered to be Conferences. Notices were sent out to members but there was no formal printed programme. It was at this time in 1955/1956 that there was a complaint among members that the restaurant charges at the College were rather high. As a consequence the next six meetings, the 7th to the 12th from 1956-1961 took place at the Middlesex Hospital, where the Hon. Secretary, Hewland was employed. At these early MAA Annual

Meetings, which were held in Hewland's department, the Association drew upon its own members to give lectures and demonstrations based on their own experience. This worked very well as these rather isolated workers were very keen to see and hear of the work of their peers. However, lectures were soon extended to include the wider field of Art and allied subjects. Salaries were small, so subscriptions had to be kept to a minimum. For many years meetings were organised on 'a shoe-string'. However, members of the medical profession were beginning to be impressed by the professional way this small Association was being organised especially with its plans for a training programme. They and their hospitals and medical schools were generous to the Association in terms of accommodation and facilities; some even made grants towards the costs of the meetings. As the Association became established, members became interested in the wider fields of medicine, surgery and science. Their many medical colleagues have shown over the years, their willingness to take part in meetings and give the artists the benefit of their expertise on a great variety of subjects. Some of the most eminent medical men and women have attended the Association's meetings and have been pleased to talk about their work and research. In all the Universities the Association visited, there has never been a shortage of lecturers or after-dinner speakers and local academics and officials who were invited were greatly impressed by the lecturers and the wide range of subjects discussed at the meetings. Avery Jones said in his speech at the Annual Dinner in Cambridge in 1990:-

... Every year you have remarkably interesting and well-known speakers all drawn by the same invisible force. Actually I believe it is true that no well-known consultant has ever been known to refuse an invitation. They appreciate, as I do, what an invaluable job the MAA does for medical teaching, research and publishing. ...

At the 10th two day meeting in 1959 the Annual General Meeting was held on the Friday, and a reception was held in the evening for the opening of the Third MAA

Exhibition. The 11th (1960) and 12th (1961) were both one day meetings. It was announced in the MAA News Letter, no.12, April 1960 that:-

Mr Kidd will give a talk on "Ways and Means" - surveying the various methods and media for preparing illustrations for reproduction with particular reference to half-tone work... We all have our well-tried ways of solving our problems, but when experts agree to 'spill the beans' there is something to be gained by everybody. ... Miss Wadsworth will also demonstrate "Letraset" - the solution to all lettering problems.

It was suggested about that time that the Association should try and return to the Royal College of Surgeons, if not for the whole conference, at least for its Annual General Meeting each year. From the 13th to the 17th the Meetings were held over two days, Friday and Saturday. Greater plans were made for the 13th Meeting (1962) at the Middlesex Hospital & RCS. There were demonstrations by Mustart, Wadsworth and Hammersley, a discussion "For or Against Ross-board" and a visit to Gretener's studio at St John's Hospital to see her collection of wax models. On the same day there was a conducted tour of the Winsor & Newton factory, which some members remember as a very worthwhile experience. One wonders why it was never repeated. The AGM was held on Saturday at the RCS again, and McLarty spoke about her visit to the United States of America. In the evening a reception was held at Wadsworth's home in Bayswater. (28 members attended the meeting).

The advantages and disadvantages of the Ross-board technique, although only once on the list of lectures was the subject of much discussion in the early days of the Association. Artists might produce the most satisfying drawing only to see a disappointing result in the reproduction. It seems that without care the slightly grainy surface of the Ross-board could work against the fine dots of the half-tone photographic screen. In 1958 Davison sent some of her drawings to three different blockmakers so that comparisons in printing could be made. Of the three, one produced some excellent proofs, which

proved, according to Davison, "that all that is needed is an intelligent assessment of its requirements before work is started".¹ Gradually, as the medical publishers experimented, reproductions improved.

The whole of the two-day 14th meeting took place at the RCS in 1963. It took the form of a Symposium on 'Humour in Medical Art'. Illustrated talks were given by members. Charlotte Holt came from America especially to demonstrate her obstetric and gynaecological work in perspex. Friday evening was spent at the Arts Club hosted by Lady Negus (member). The AGM took place on the Saturday. (23 members attended the meeting).

The 15th Meeting held in 1964 was definitely the first to be considered as a Conference. On Friday, there was a visit to the Fourth MAA Exhibition at BMA House and later a visit to either a BBC TV Design Studio or Halas & Batchelor, the animated film makers. The day ended with a reception at the RCS. The AGM was held on the Saturday at the RCS.

The first time Guy's Hospital Medical School played host to the Association was in 1965 at the 16th CONFERENCE. On Friday, the programme included talks by Callander and Shepley, demonstrations by Admel, makers of chartpak adhesive tapes and repeat visits to either Halas & Batchelor or to a BBC TV Design Studio. A reception was arranged for the evening at Guy's Hospital. The AGM took place at the RCS on Saturday morning and was followed by a talk by Shepley. (16 members attended the meeting).

The 17th CONFERENCE in 1966 was planned as an Anglo-American Meeting to be held in Leeds, organised by Brown, Hon. Secretary. However, it proved rather expensive for the Americans, on top of their own already planned Conference in the USA. The meeting took place in London, at St Thomas' Hospital, and it was suggested that it might be a joint meeting with the medical photographers, with lectures of interest to both, but this does not seem to have happened. Suggestions were made at the AGM for a

joint meeting with the medical photographers in the future. (22 members attended the meeting).

Although the suggestion has been made from time to time, that a joint Conference should be held, it has never been realized. The artists have felt that their meeting would be overwhelmed by a large number of photographers.

The 18th CONFERENCE in 1967 was the first to be held out of London and over four days. Brown was asked to use the plans she had made for 1966. The meeting was held at Leeds Infirmary with accommodation at the University. The lectures were on the subject of neurology and there were demonstrations of programme making at the University Television Centre. This was the first time that the lectures were devoted to one subject. A Dinner was held at University House. On Saturday, the AGM was held in the Board Room at Leeds Infirmary. The meeting ended with a visit to Temple Newsam House where Dr J. Sweetman, Keeper of the Arts gave a talk on the house and its contents, which was followed by a Buffet Supper. (18 members attended the meeting).

The 19th CONFERENCE held in 1968 seems to have been a rather special one. The AGM was held at the RCS as usual but the rest of the meeting was at The Royal Marsden Hospital. On Friday morning the meeting was opened by the Vice-Chairman, Hammersley. The lectures given by Professor D. M. Smithers and Professor Sir Alexander Hadow were on the subject of cancer. There was a visit to the Herbarium at Kew Gardens, and a tour of the Art Department conducted by Miss Mary Grierson. The first formal MAA Annual Dinner was held in the Great Hall at St Bartholomew's Hospital. On Saturday there was a talk given by Mr Vernon Mills, of the Hornsey School of Art, followed by the AGM. In the evening a visit to the Courtauld Institute Galleries and an Introduction and Tour was given by Mr Philip Troutman, Curator of the Collection, followed by a Buffet Supper. (20 members attended the meeting).

In 1968, it was decided to hold the Conference and AGM alternately in London and the Provinces in the future. Gradually the meetings were becoming more formal and longer.

The 20th CONFERENCE in 1969 was the second to be held out of London, at the Association's birthplace in Oxford. Held over four days, it was organised by Arnott and McLarty. Members were accommodated at St Anne's College. On Friday the meeting was held in the New Lecture Theatre at the Radcliffe Infirmary. Hammersley gave a talk followed by Professor P. R. Allison of the Department of Surgery, who spoke on the subject of "Heart Transplants", and Mr Peter Parks showed one of his films on wild-life. In the afternoon there was a trip to Slimbridge where members were taken on a tour of the sanctuary by Sir Peter Scott. As an alternative there was a tour of some of the Oxford Colleges. The Annual Dinner was held at Rhodes House. Among the guests were Professor P.R. Allison and Professor (Sir) Robert Macintosh. On Saturday there were talks by Mr R.G. Macbeth and Professor (Sir) Wilfred Le Gros Clark and tours of the Departments of Human Anatomy and Zoology. The AGM took place in the afternoon. The Conference ended on Sunday with a lunch at Arnott's and McLarty's new home at Fairlawn End, Wolvercote. (23 members attended the meeting). (fig.11.1)

The visit to Slimbridge remains in the mind as a place where illustrations were of exceptional value. With the aid of the clear drawings of their distinct markings it was possible to identify every swan in the sanctuary.

At the time of the Association's 21st Anniversary Conference funds were rather low and Donald found it necessary to write to the membership for contributions.²

... You can appreciate that if we are inviting eminent people to our Celebrations we must make sure that our hospitality will be worthy of them. As I have said, the main financial burden will be borne by the grant we have received; (from Squibb) but I need £100-£150 more in the kitty to make the situation secure and while this part of the letter is directed to you all, it is really only intended for those with money to spare. If you feel that you can help financially with some of this burden I should

be glad to hear from you. The transaction will be between you and me only - no one will know who has contributed or how much, but it will lift the burden a little from the Association's shoulders and we may be able to give a little extra help to those members we are anxious to see at the meeting and who have to undertake long and expensive journeys.

The 21st ANNIVERSARY CONFERENCE was held at the Royal College of Surgeons in London in 1970. The meeting began with a supper and visit to the Players Theatre on Thursday evening. On Friday, the meeting was formally opened by Sir Cecil Wakeley. The theme was "The Scope of Medical Art" and the MAA Exhibition of the same name was on show in the Edward Lumley Hall. Four members were called upon to give lectures:-

"The History of Medical Art" by Donald.

"The Changing Face of Medical Art" by Cull.

"The Medical Artists Role in Medical Education" by Hammersley.

"The Medical Artists' Role in the Health Service" by Archer.

The Annual Dinner was held at the Barber-Surgeons' Hall for the first time. Professor Sir Hedley Atkins and Professor Sir Alexander Hadow, Director of the Chester Beatty Institute, were the Guest Speakers. There were 60 distinguished guests. The AGM was held as usual on the Saturday, followed by a visit to the Queen's Gallery and dinner at College Hall. (37 members attended the meeting).

The 22nd CONFERENCE in 1971 was planned to be held in Glasgow and organised by Donald, but owing to a postal strike and the difficulty of communications, it was cancelled. An afternoon meeting for the AGM only was held at St Bartholomew's Hospital on 14 May 1971. (21 members attended the meeting).

London was chosen again for the three day 23rd CONFERENCE held in 1972 at St Bartholomew's Hospital and the RCS. On the Thursday members visited the BBC Graphic Studio, followed by an informal social evening. On Friday the Conference was opened by Wakeley followed by three lectures:-

"Animation, Construction & Timing" by John Ryan.

"Wax Moulage" by Pegus, (member).

"A Review of the Role of Three-Dimensional Illustration" by Holt (member), followed by a demonstration of "Gaelic Carving".

The Annual Dinner was held in the Great Hall at St Bartholomew's Hospital. Mr Goody, House Governor at St Bartholomew's gave an after-dinner talk on the subject of his own collection of "Steel Jewellery". After the AGM on Saturday at the RCS, there was a discussion on "Freelance Fees, A Code of Ethics and the Reshaping of the Constitution". On Saturday evening a supper party was held at Wadsworth's home in Bayswater. (30 members attended the meeting).

The 24th CONFERENCE in 1973 was a momentous occasion, it was the first and so far the only time the Association has had a meeting abroad. The three Dutch members, van Huijzen, van der Maaden and Tinkelenberg were hosts at a meeting in The Netherlands. The theme for the meeting was "Reality & Illusion". After an overnight crossing from Harwich to Rotterdam, Thursday was spent at the Medical Faculty there and included a visit to the Audiovisual Department where Dr A. Gisolf, Head of the Department, spoke on "The Function of the Audiovisual Centre in Rotterdam". Members travelled on to Leiden where a Dinner was followed by a film about the graphic art of M.C. Escher, called "Adventures in Perception". On Friday there was an address by Professor J. Dankmeijer of the Department of Anatomy, Universitaat Ziekenhuis, followed by lectures on various aspects of perception by the three Dutch members. On the Saturday a day trip to Nijmegen was arranged to visit the Roman Catholic University, and tour the Anatomical Museum with Professor H. J. Lammers. In the afternoon a trip to the National Park, "De Hoge Veluwe" and the Kroller-Muller Museum was organised. Some members went on to visit Amsterdam for a few days. (24 members attended the meeting). A report was written by Pegus.³ The AGM took place on 18 May at the Royal Marsden Hospital that year, so that other members had the opportunity to attend.

It was at the 25th CONFERENCE in 1974 that the Association first visited Newcastle-upon-Tyne and the large University Department of Photography & Teaching Aids Laboratory. Entitled a "Symposium on Art Education", the Opening Address was given by C. J. Duncan, Head of the Department. Lectures were given by members of the University and demonstrations of tape-slide programmes were introduced by R. A. Goodhead, Mustart & Hammersley. The Annual Dinner was held at Easton Hall. On Friday morning a "Symposium on Film" was held, and in the afternoon a tour of Durham Cathedral was organised, followed by a talk given by the Curator of the Gulbenkian Museum of Oriental Art. The evening was spent at a Medieval Banquet at Seaton Delaval Hall. On Saturday the AGM took place in the Debating Chamber of the University Union. (18 members attended the meeting).

The Conferences began to have a structure and had become a refreshing source of inspiration for most members. Attendance was largest when the meeting was held in London but members found it rewarding to travel and see their colleagues in their places of work and at the same time to explore the different University towns. Conferences were held from Thursday to Saturday and delegates travelled home on Sunday. However, Sunday travel was becoming so tedious with the usual repairs and diversions on the railways that it was decided to start future meetings earlier in the week and end them at lunch time on Saturday.

The Association was back in London for the 26th CONFERENCE in 1975 at St Bartholomew's Hospital. A new format was tried out, the AGM was held on the Thursday afternoon. The evening was spent making a tour of Kenwood House followed by a Buffet Supper in The Old Kitchen. On Friday, Wakeley gave the Opening Address. A Symposium was held on "The Role of the Medical Artist in the Reorganised NHS", introduced by Donald. That evening the Annual Dinner was held in The Great Hall and an after-dinner talk was given by Mr Terry Measham, Assistant Keeper at the Tate Gallery,

on "A New Realism". On Saturday morning there were demonstrations on:-

"Maintenance of Airbrushes", "Art as a Vehicle",
"Exhibition Design", and "Cartoon Illustrating"

A luncheon was held at Mr and Mrs Cull's home in the Barbican and there was an evening reception at the Misses Wadsworth's home in Bayswater. (26 members attended the meeting).

In 1976, the 27th CONFERENCE was held at the Royal Marsden Hospital, St Bartholomew's Hospital and accommodation was at Imperial College. The AGM was held on Thursday afternoon at St Bartholomew's Hospital. In the evening there was a visit to the Open Space Studios, followed by supper at "The Prospect of Whitby". On the Friday the Conference was opened at the RMH by Professor Sir David Smithers, Director of the Department of Radiotherapy and the lectures which followed were on a variety of art and medical subjects, including "The Moorgate Disaster" by Darton (member). The Annual Dinner was held at the Chelsea Arts Club. On Saturday morning there was a lecture on:-

"Facial Prosthesis" by Mr Alan Roberts, The Department of Plastic & Maxillo-Facial Surgery, St Luke's Hospital, Bradford, and John Barber, (Hon. Fellow) gave a demonstration of his various illustration techniques.

The Conference ended with a visit to the Savoy Theatre. A report was written by Hartshorn.⁴ (33 members attended the meeting).

The 28th CONFERENCE in 1977 was the first to be held at Woolton Hall, Manchester University. The Conference was opened by Professor G.A.G. Mitchell of the Department of Anatomy at Manchester University. The lectures that followed were on the subject of producing educational programmes. The afternoon was spent at the Manchester Museum with a talk on the "Egyptian Project" by Dr R. David, Assistant Keeper of Archaeology. Neave (member) followed with a demonstration of the reconstruction of mummy heads. The Annual Dinner was held at Woolton Hall followed by a presentation to Donald of a George III

silver fruit basket, circa 1792, on his retirement from the Chairmanship after 26 years. An after-dinner talk on "Persian Carpets" was given by Mrs J. Allgrove, Keeper of Textiles at the Whitworth Art Gallery. On Saturday morning there was a demonstration of the EMI Body Scanner. An exhibition of Davison's work was on view and she was present to reminisce on her long career as a medical artist. The Conference ended with a lecture on "The Standard British Face" by Dr G. P. Rabey of the Anatomy Department followed by a tour of Manchester. (50 delegates attended the meeting including four students from the Middlesex Polytechnic).

For the first 26 years, only members and MAA students attended the Conferences, but as they became more organised and instructive, other artists, photographers, members of the medical and dental professions and those involved in audiovisual aids were keen to attend. They were encouraged to do so, to help cover the costs involved in arranging professional meetings and to swell the numbers, at least, for the sake of the lecturers; the membership was 'lost' in some large lecture theatres. In recent years the number of 'other' delegates has outnumbered the members and in some years there have been more guests than members at the Annual Dinner. From the late 1970s the lecturers and lectures at the conferences were so varied that it may be of value to list some of them in full. The theme or subject matter of the lectures was left to the organisers at each venue depending on the specialties of their medical colleagues.

The 29th CONFERENCE in 1978 was held in The Robens Suite in Guy's Tower. Delegates assembled on Thursday in the Old Operating Theatre, in the remaining wing of the original St Thomas' Hospital. In the afternoon Dr M.E.C. Hutchinson gave a demonstration of "Techniques used in the Preparation of Anatomical Studies" and Mr G. Crombie of Frisk Products demonstrated the use of the air-brush. These were followed by a tour of the Department of Medical Photography. Members went to supper and were entertained

at The Player's Theatre. On Thursday the Conference was opened by Professor Sir Hedley Atkins, Head of the Department of Surgery who, in a scholarly historical review linked members with the 'gods' of their profession, and made them feel that they were an important and integral part of modern medicine and surgery and that "we belonged to one profession". The five lectures that followed did not fit into one theme but contained the most up-to-date information on very varied subjects.

"Some Basic Genetic Principles" by Professor P. Polani, Paediatric Research Unit.

"Even If It Doesn't Work Out Right At Least One Can Illustrate It" by Mr Alan Yates, Thoracic Surgeon, Cardiac Department.

"The Place of Transplantation Immunology in Medical Practice" by Professor J. R. Batchelor, Department of Immunology.

"Nuclear Medicine - Functional Imaging with Radio Isotopes" by Dr M. N. Maisey, Department of Nuclear Medicine.

"Visual Illusion, Delusions & Hallucinations" by Dr M. D. O'Brien, Department of Neurology.

(All the lecturers were from Guy's Hospital).

There followed a demonstration of "Photographic Techniques" by Mr D. Conn, Carlton Fox Ltd.

The Annual Dinner was held in the Robens Suite and the Guest Speaker was Professor Keith Simpson, (1904-1985). After dinner there was an 1920s /1930s style entertainment by "Giles & Jessop" (Royal Academy of Music Students). On Saturday morning Dr W. D. Clarke spoke on "Meducational Technology". The Conference ended with a reception at Mr and Mrs Cull's flat in the Barbican. A report was written by Besterman.⁵ (58 delegates attended the meeting, including nine MAA and fifteen Middlesex Polytechnic students. 74 members and guests attended the Annual Dinner).

The 30th CONFERENCE in 1979 was held at St Bartholomew's Hospital for the third time. The AGM was held on Thursday afternoon and the evening was spent at the Players Theatre. On Friday, the new President, Avery Jones gave the Opening Address. The theme for the meeting was "Looking Back and Looking Forward". The lectures that followed were:-

"Medical Illustration " by Wadsworth, (member).

"The Environment" by Professor P.J. Lawther, Director of MRC

Toxicology Unit.

"Technology" by Bernard Watson, Director, Department of Medical Electronics.

"Surgery" by Professor J. S. P. Lumley, Assistant Director, Surgical Professorial Unit.

(These three lecturers were from St Bartholomew's Hospital).

"Medicine" by Professor Christopher Booth, Director MRC Clinical Research Centre, Northwick Park Hospital.

"Medical Education" by Dr John Ellis, Dean of The (Royal) London Hospital Medical College.

In the evening, Besterman entertained members at her home in Hampstead. On Saturday lectures were continued with:-

"The Illustration of Medicine in Ancient Egypt" by Carole Reeves, Medical Photographer.

"Doctor on Ice" by Denis Wilkins, Senior Lecturer in Surgery.

"A Consumer's Guide to Medical Art" by William F. Hendy, Consultant Urologist, Royal Marsden Hospital.

"Medical Illustrations in Some Rare and Antique Books" by John L. Thornton, Consultant Librarian to the Royal College of Obstetricians & Gynaecologists.

The Annual Dinner was held in The Great Hall. A report was written by Archer.⁶ (55 delegates attended the meeting including 33 members & three MAA students).

The 31st CONFERENCE in 1980 was held in Sheffield for the first time at the Royal Hallamshire Hospital. The AGM was held on Thursday afternoon. Members spent the evening at the Crucible Theatre. On Friday, Avery Jones gave the Opening Address and the lectures were on a variety of subjects:-

"Looking at Children's Tissues" by Professor J. Emery, Department of Histopathology, Children's Hospital.

"A Rheumatologist's Approach to Visual Communication" by Dr J. Moll, Department of Rheumatology, Nether End Hospital.

"Recent Advances in Arterial Surgery" by Mr A. S. Ward, Department of General Surgery, Northern General Hospital.

"Forensic Medicine in Sheffield" by Professor Alan Usher, Department of Forensic Pathology, The Medico-Legal Centre.

(All these lecturers came from Sheffield).

"A Review of Contemporary Medical Art" by Wilson, (member).

"Foot Pressure Studies" by Professor T. Duckworth, Department of Orthopaedics, Royal Hallamshire Hospital.

The Annual Dinner was held at Hassop Hall Hotel. On Saturday morning, Neave, (member) spoke on:-

"The Possible Consequences of Advanced Technology on Medical Illustration", which was followed by

"Computers in Medicine" by Dr S. Lucas, Faculty of Medicine

Computational Group, Manchester University, and
"A Working Visit to Peking" by Halstead (member).

After a tour of the new department of Medical Illustration the afternoon was free for local visits. A report was written by Ockendon.⁷ (31 delegates attended the meeting including 27 members).

This two day 32nd CONFERENCE in 1981 was held at the Middlesex Hospital Medical School again, after so many years. On Friday, the President, Avery Jones gave the Opening Address. The subjects of the lectures were varied.

"Current Trends in Clinical Oncology" by Dr P. M. Jelliffe.

"Intensive Therapy and Some of its Problems" by Dr J. Tinker, Postgraduate Sub-Dean.

"Limb Development" by Dr Tickle, Department of Biology.

"The Use of the Tape/Slide Programme in Health Education" by Dr Guillebaud, Director of the Margaret Pyke Centre for Family Planning, Oxford.

"Colour Slides, the Negative & Positive Approach" by Ray Phillips, Medical Photographer.

"Causes and Treatment of Duodenal Ulcer" by Professor Hobsley.

"Current Trends in Medical Illustration in the USA" by Mrs S. G. Jennings.

The Annual Dinner was held in the Medical School. On Saturday morning there was a demonstration of computers by members of the Department of Medical Photography at Northwick Park Hospital. (46 delegates attended including 36 members).

The 33rd CONFERENCE was held in 1982 at St Bartholomew's Hospital for the fourth time. The AGM took place on Thursday afternoon, and the evening was spent at the London Palladium where members saw a performance of "Barnum". On Friday, the President, Avery Jones gave the Opening Address. The programme included the following lectures:-

"The General Practitioner" by Dr Jon Fuller, Department of General Practice.

"Radiation" by Dr D. R. White, Department of Radiation Physics.

"Acupuncture" by Professor Lindsey H. Rees, Department of Chemical Endocrinology.

"William Harvey" by Janet Foster, District Archivist.

"Colonoscopy" by Dr C. B. Williams, Department of Gastroenterology.

"Computer Learning" by Dr David Ingram.

"In-House Typography" by David Tredinnick, Head of Medical

Illustration, (photography).

(All these lecturers except Foster were from St Bartholomew's Hospital).

The Annual Dinner was held in The Great Hall. On Saturday, Cull gave a talk about the Robin Brook Centre and Brian Jolly and members of the Department of Education and Medical Illustration Services spoke on "Versatility". A report was written by an unknown member.⁸ (59 delegates attended the meeting including 31 members). (fig.11.2)

The 34th Conference held in 1983 took members to Surrey University in Guildford for the first time. The AGM took place on Thursday afternoon and in the evening there was a visit to the Redgrave Theatre at Farnham to see "Cider with Rosie". On Friday, the President, Avery Jones gave the Opening Address and the lectures given were based on the theme, "Publishing in the 80s".

"How a Book is Born" by Charles Fry of Butterworth & Co.

"The Author's Point of View" by Professor Hugh Dudley of St Mary's Hospital, London.

"Contract & Copyright" by Simmonds (member).

"Book Publishing, co-ordination of designer and artist" by Paul Welti of Orbis Publishing Ltd.

"Medical Journal & Newspaper Publishing" by Graham Jones, & the video "Doctor Magazine" by Robin Gallon, both of Sutton-Siebert Publications Ltd.

"Publication through Pharmaceutical Advertising" by Roger Brunger of Franklin Scientific Projects.

"Where Does The Future Lie?" by Dr Peter Clarke of Macmillan Press Ltd.

The Annual Dinner was held in the Council Room of Senate House. On Saturday morning lectures continued on the subjects of "Introduction to New Technology in Vision", "A Survey of Three-Dimensional Imaging Techniques", "Imaging Systems of the Future" and "Video Communication". A report was written by Neave.⁹ (57 delegates attended the meeting including 31 members).

The 35th CONFERENCE in 1984 saw members visiting St Bartholomew's Hospital for the fifth time. The AGM was held on Thursday afternoon. On Friday, the President, Avery Jones, gave the Opening Address. The lectures which followed were on the subject of the Computer.

"Basic Concepts in Computer Graphics by Dr David Ingram, Medical Computing, St Bartholomew's Hospital.

"Computer Graphics- The Scope and Opportunities" by Gareth Edwards, Computing Sciences, Middlesex Polytechnic.

"The Benefits of Computer Aided Design to the Artist by Kyte (member).

"Getting It Down On Paper" by David Mosely, Sintrom Electronics, Reading.

The following firms sent representatives:-

Hewlett Packard Ltd., demonstrated "Business Graphics".

Dicoll Electronics Ltd., spoke on "Imagination" and

Joseph Shuld, Graphic Products, London, on "The Big Machines".

The Annual Dinner took place in the Great Hall. On Saturday morning, "Electronic Artwork" was presented by R. J. Burden of R. G. B. Computer Graphics Ltd., London. Computer graphics were becoming more important and this was the first meeting devoted entirely to the subject. A report was written by Neave.¹⁰ (65 delegates attended the meeting including 36 members). (fig.11.3)

The 36th CONFERENCE in 1985 was held in Oxford for the third time. The venue was the John Radcliffe II Hospital with accommodation at St Annes's College. After the AGM on Thursday afternoon members were welcomed to a reception at the Christchurch Picture Gallery to view an exhibition of McLarty's work and some of the exhibits from "The Medical Picture Show". On Friday, in the absence of the President, Professor Sir John Stallworthy gave the Opening Address. The theme was "Alice Through the Looking Glass" and the lectures covered aspects of the artist's role in medicine. The Annual Dinner took place in the Hall at Trinity College. Mr Arthur Williams, Department of Surgery, Dr M. A. C. Dowling of the World Health Organisation and Dame Janet Vaughan were the Guest Speakers. On Saturday there were two lectures:-

"Who Pays The Bill" by Philip Dove, The Department of Medical Illustration, John Radcliffe II Hospital.

"Designing Books & Journals" by Rollason (member), Medimedia Ltd., Godalming.

Workshops took place during the remaining part of the morning. Trade exhibitions were displayed during the meeting. (76 delegates attended including 27 members).

Since 1986, full reports of the MAA Conferences have been published in the MAA News.

The 37th CONFERENCE in 1986 was the first to be held in Reading. The theme was 'New Horizons' and it was the first International Meeting with visiting medical artists from France, Italy and Germany. They contributed greatly to the Conference by lecturing on their particular specialties. The AGM was held on Thursday morning followed by lunch at which Professor Harold Hopkins welcomed the delegates. In the afternoon there were visits to the University Library to see a display of books from the University Cole Collection with Professor Michael Twyman of the Department of Typography and Graphic Communication. Members were invited either to view the department and the electronic typesetter or visit the Reading Pathological Society to see the collection of illustrated medical books put on show by the Hon. Librarian, Dr A. Marshall Barr. On Friday, the President gave the Opening Address. The lecturers from abroad spoke about their work in Antwerp, Bologna, Germany, Paris and Strasboug. The Annual Dinner took place at "The New Mill" at Eversley and the guests included Professor Harry Blackwood and Professor Harold Hopkins. On Saturday morning five members and one student gave short talks on their experiences in other countries:-

- "Athens, Alexandria with Alginate" by Neave.
- "Nigeria and Pakistan" by Simmonds.
- "Stanford, California" by Russell Kightley (student).
- "Returning to West Africa" by Nii Quao.
- "Paradise Lost - Sudan 1974-1979" by Rollason.
- "Art and Medicine in a Fung Shui Wood" by Darton.

The Delegates Exhibition and the Trade Fair were open each day. The Conference ended with a farewell reception at Halstead's home in Reading. A report by Neave was published in the July 1986 Edition of the MAA News. (81 delegates attended the meeting including 31 members, eight MAA & nine Middlesex University students).

The 38th CONFERENCE in 1987 was held in Newcastle-upon-Tyne again. The theme was "Visually Speaking - the understanding of images explored". The AGM was held after

the Chairman's Lunch on Thursday afternoon. After dinner members went to a performance of "The Geordie Gentleman" by John Bowen after Molière, at the Newcastle Playhouse. On Friday, the Opening Address was given by Professor W. Dunlop of The Department of Obstetrics & Gynaecology. During the morning there were six lectures on the main theme. In the afternoon there was a visit to see the Historical Medical Illustrations from the Pybus Collection with Mr R. Firth, Special Collections Librarian. A Trade Fair was held, as well as a display of medical artwork, exhibitions of land and seascape watercolours and ancient medical books. The Annual Dinner was held at Close House Mansion, Wylam. There were three lectures on Saturday morning, they were:-

"Emotional Expressions"

"More Than Meets The Eye" and "Some Issues for Image Makers".

A report by Barrett was published in the July 1987 Edition of the MAA News. (58 delegates attended the meeting including one MAA & ten Middlesex students).

The 39th CONFERENCE held in 1988 took place in Manchester for the third time. The AGM was held on Thursday after the Chairman's Lunch. On Friday, the President gave the Opening Address. The theme for the meeting was "Bodywork" and the lectures on the subject were:-

"Reconstructing Our Ancestry" by Professor Wood, University of Liverpool.

"Medical Illustration in Medieval Manuscripts" by Dr Peter Murray Jones, Cambridge.

"The Face as a Mirror of Developmental Mechanisms" by Professor M. W. J. Ferguson, University of Manchester.

"Medical Illustration in Contemporary Publishing" by Mr Charles Fry, Butterworth & Co.

"Diagnostic Radiology - Past, Present & Future" by Professor Ian Isherwood, University of Manchester.

The Annual Dinner was held at Holly Royde House. On Saturday, talks included,

"Wigs & Make-Up" by Ruth Quinn, Granada TV.

"The Self in Morbid States" by Dr Clive Hyde, Withington Hospital.

"From Parthenon to Penthouse" by John Prag, University of Manchester.

A report by Wadmore was published in the July 1988 Edition of the MAA News. (34 delegates attended the meeting including 24 members).

The 40th ANNIVERSARY CONFERENCE in 1989 was held at The Royal Marsden Hospital. A very comprehensive exhibition was held showing the scope of medical artwork in Britain from the 1940s to the 1980s. On Thursday, an Ecumenical Service of Thanksgiving was held in the Chapel of All Saints at the hospital. The AGM was held after the Chairman's Lunch and in the evening members went to a performance of "Les Miserables" at the Palace Theatre. On Friday, the Honorary President, Avery Jones, gave the Opening Address and Ronald Raven, (1904-1991) Consultant Surgeon, Royal Marsden Hospital gave the first lecture on,

"The Development and Application of Medical Art Prior to 1949", This was a personal account of his work, especially in the treatment of cancer and, the co-operation he had from several medical artists, including Joy Brand, S.W. Sewell and Cull over many years.

His lecture was followed by:-

"The First Meeting" by Archer (member).

"Baptism of Fire" by Donald (member).

"Molecular Graphics" by Sir James Black, Rayne Institute, Kings College Hospital Medical School.

In the afternoon lectures continued with:-

"The Artist as Physician" by Professor Michael J. Peckham, British Postgraduate Medical Federation, London.

"Illustrating the Afflictions of the Testicle" by Mr William Hendry, Consultant Urologist, Royal Marsden Hospital & St Bartholomew's Hospital.

"The Challenge of the Change from Hippocratic Medicine" by Mr Donald Longmore, Consultant Surgeon, National Heart & Chest Hospital.

"Aids" by Professor Robin A. Weiss, The Institute of Cancer Research, Royal Cancer Hospital.

The Annual Dinner was held at the Barber-Surgeons' Hall. Sir Marmaduke Hussey, Chairman of the BBC and of the Board of Governors, The Royal Marsden Hospital, was the Guest Speaker. The Patronage of The Worshipful Company of Barbers was conferred on the MAA by The Master, Mr John H. Scrutton. Honorary Fellowships were awarded to two Examiners, O'Brien and Hutchinson and to Frank Netter who was unable to be present. Dr George Birdwood, Editor-in-

Chief, Ciba-Geigy Scientific Publications Ltd., received it on his behalf.

There were four talks on Saturday morning.

"Colour Perception in Pictures" by Roy Osbourne.

"Pictures in the Round" by Neave (member).

"Towne and the Medical Museum at Guy's Hospital" by J.J. Daws.

"Materials used in Modelling" by Cooper (member) & John Barber (Hon. Fellow).

A Trade Exhibition was held throughout the meeting. A farewell lunch was held at "The Meridiana" in Fulham Road. A report by Cooper was published in the July 1989 Edition of the MAA News. (97 delegates attended the meeting including 35 members, three MAA & six Middlesex University students). (fig.11.4)

The 41st CONFERENCE in 1990 was only a two day meeting, following the rather extravagant one of 1989, and was the first to be held in Cambridge. The AGM was held on the Friday morning. The Opening Address was given by Cull, in the absence of the President. There was no set theme and the lectures were given by members of the University on the following subjects:-

"Pictorial Representation of Antartica" by Dr P. Clarkson, Executive Secretary, Scientific Committee on Antartic Research, Scott Polar Research Institute, Cambridge.

"The Current Status of Veterinary Medical Illustration in the USA" by Professor David J. Williams (member), Purdue University, USA and he lead,

"A Discussion of Sir Charles Bell's Watercolour Drawings of Wounds Observed at the Battle of Waterloo",

"Surgery & Art" by Professor Sir Roy Galne, Head of the Department of Surgery.

"The Preparation of Human Anatomical Material for Teaching, Museum Display & Research" by Bari M. Logan, Anatomy Prosector, both of the University of Cambridge.

The Annual Dinner took place at The University Centre. On Saturday there were:-

"Computer Graphic Presentations" by David Kelly and a "Computer Graphic Workshop" by Mike Macnamara, both of Second City Systems. After lunch there was a guided tour of Cambridge.

A report by Halstead and Rollason was published in the July 1990 Edition of the MAA News. (57 delegates attended

the meeting including 27 members, three MAA students and one Tutor with 12 Middlesex Polytechnic students.

The 42nd CONFERENCE in 1991 was held in Bristol for the first time. The AGM took place on Thursday morning. In the afternoon there was a talk by Francis Greenacre, Historian, on "The Bristol School & Avon Gorge" followed by a "walkabout" to the Clifton Suspension Bridge. The walk to Nightingale Valley was cancelled because of the inclement weather. Delegates dined on the "Glass Boat", before attending a performance of "Hamlet" at the Theatre Royal. On Friday, the Chairman, Archer, gave a Welcoming Speech in the absence in the morning of the Honorary President, Avery Jones. The theme was "Art & Medicine", and the titles of the lectures were as follows:-

"Frenchay Flying Anaesthetists" by Dr Robin Weller.

"Science & The Art of Seeing" by Professor Richard Gregory, University of Bristol.

"Portraying Pain" by Dr Les Shutt.

"Robotics in Surgery" by Dr Eric Albone, Dr Stephan Natynczuk & members of the pupil team.

"Art Therapy in Cancer Self Help" by Sarah Parkinson.

"Tradition & Life Drawing in the 20th Century" by Mr Warren Storey.

"Medical Art as a Japanese Prisoner of War" by Jack Bridger Chalker (Hon. Fellow).

The Annual Dinner was held at The Orangery, Goldney Hall. Dr John Burton, Consultant Physician, Bristol University, was the Guest Speaker. There was a presentation of certificates to students, the Butterworth Heinemann Prize and the new Barbers' Bowl¹¹ to the Chairman, by Mr Alan Lettin, Master of The Worshipful Company of Barbers. The Chairman presented a painting by Wadsworth, a book of signatures & photographs and the Honorary Fellowship of the Association to Sir Francis Avery Jones on the occasion of his retirement from the office of Honorary President of the Association after 13 years (1978-1991). The new Hon. President, Air Commodore Ronald F. Brown and Mrs Margaret Brown were welcomed by the membership. Brown is a retired plastic surgeon, an Honorary Freeman of The Worshipful Company of Barbers of London and a Member of the MAA Board of Examiners. On Saturday there were short talks on:-

"Handwritten Things" by Pritchard, (member).
"Virtual Reality" by Steve Rook.
"Greening the NHS" by Erca Ison.
"Interactive Video & the Wellcome Project" by Dr Adrian Longstaff.

Members were invited to exhibit some of their medical and non-medical artwork during the course of the meeting. A report by Halstead and Rollason was published in the July 1991 Edition of the MAA News. (55 delegates attended the meeting including 35 members, three MAA & four Middlesex University students. 66 delegates attended the Annual Dinner). (fig.11.5)

The 43rd CONFERENCE in 1992 was held in the Robens Suite and for the third time at Guy's Hospital. The theme was "Extinction or Adaptation". The AGM took place on Thursday afternoon and was followed by a talk by Harrison, (member) on "Gulf War + II - Experiences in a Kurdish Refugee Camp". Delegates were taken on a tour of the Lloyds of London building in the City, which was followed by dinner at Horniman's at Hay's Wharf. On Friday, Air Commodore Ronald Brown, the new President gave the Opening Address. The lectures were varied but concentrated on the changing demands in medical art.

"A Life-time of Learning - Developments in Medical Education" by Cull (member).

"Marie Curie Cancer Care - The Role of Education" by Wendy Boothroyd.

"Interactive Video Systems for Medical Education - A Review of Programmes and Clinical Procedures" by Professor David Ingram.

"Misrepresentation of the Human Pelvis" by Professor David Williams (member), Purdue University, USA. (cancelled)

"Transferable Skills - Computer Aided Art" by Professor John Lansdown.

"The Use of Computer Graphics in Planning Cranio - and Maxillo-Facial Surgery" by Dr Alfred Linney.

"Multimedia on the PC Platform - the Future - Virtual Reality" by Howard Shah.

The Annual Dinner was held in the Robens Suite. The Guests included The Master of The Worshipful Company of Barbers, Sir William Slack. The Guest Speaker was Dr Michael Zatoureff. During the evening there was terrorist bomb explosion in the City.

On Saturday morning there was one demonstration, "Introduction to Airbrush - A Workshop" was given by Teri J. McDermott from Illinois, USA. A Trade Fair was held throughout the course of the meeting. The Conference ended at The George Inn followed by a visit to the Museum of the Moving Image. A report by Oliver was published in the July 1992 Edition of the MAA News. (75 delegates attended the meeting including 33 members).

The Chairman, at the time, has always played a part in the organization of each Conference, especially in the choice of Speakers and Guests. However, in 1993 it was decided to have a permanent Conference Advisory Officer, someone who had the experience to be able to advise the organisers before and during the planning of every Conference. Harrison was appointed to this office.

The 44th CONFERENCE in 1993 was held in Manchester again. The theme was "The Art of Reconstruction, Forensic & Pathological". The AGM took place on Thursday afternoon, after which the Trade Exhibition was opened. In the evening there was an informal talk on the Chinese Terracotta Army. On Friday, the President gave the Opening Address. The lectures which followed were:-

"The Christie Murders" by Cull (member) & his son, Detective Constable Graham Cull.

"The Scientific Support Group" by Mr Roger Summers, Head of the Scientific Support Unit, Derbyshire Police.

"Call the Next Witness" (Face Mapping) by Neave (member).

"Body Image & Plastic Surgery" by Mr Roy Saunders, President of the Royal College of Plastic Surgeons.

"Reconstruction of the Fatal Accident" by Professor J. K. Mason, Emeritus Professor of Forensic Pathology, University of Edinburgh.

The Annual Dinner took place in the University Banqueting Suite. Professor J. K. Mason was the Guest Speaker. On Saturday, the lectures continued with:-

"Images in Court" by Carole Mondy of The Crown Prosecution Service.

"Police Database of Facial Details" by Detective Constable Bob Wilcox, Police Artist to Warwickshire Constabulary.

"Art in the Courtroom" by Mr Andrew Lyndsey, Lawyer.

"Gustav Veiglander, Anatomical Sculptor" by Mr John Lendrum, Consultant Plastic Surgeon, Withington Hospital.

A report by Smith and photographs by Lee were published in the May 1993 Edition of the MAA News. (48 delegates attended the meeting including 26 members, three MAA students and nineteen others).

The 45th CONFERENCE in 1994 was the first to be held at one of the learned societies, The Medical Society of London, Chandos Street. and the theme was "Back to Basics". The AGM took place on Thursday afternoon, followed by a welcome by Marks, the Chairman.

Janet Ibbotson, Deputy Chief Executive, DACS, gave a talk on "Highlighting the Different Types of Technology which are Impinging on Artists' Copyright". A reception was held at the Villa Carlotta in Charlotte Street. On Friday, the Honorary President gave the Opening Address. The lectures which followed were:-

"Genetics - Understanding Hereditary Disease"

by Dr Susan Kenwick, University of Cambridge.

"Surface Anatomy of the Face" by Mr John Lendrum, Consultant Plastic Surgeon, Withington Hospital.

"Drawing & Visual Perception" by Paul Wilks, Artist.

"Medical Art Direction/Publication" by Lee, (member).

"Medical Art Direction/Publication" by Ira Grunther, Creative Director.

"Respecting the Past to Create Our Future" by Cull.

The Trade Exhibition and Workshops were held during the afternoon. The Annual Dinner was held at Lettsom House and Lord Smith of Marlow was the Guest Speaker. On Saturday there was one lecture:-

"The Watershed between Visual Display, Anatomy & Art" by

Dr Robert Whitaker, Addenbrooke's Hospital, Cambridge, followed by "A Life Class" organised by John Barber, (Freelance Artist and Honorary Fellow).

A report by Gudgeon was published in the Summer 1994 Edition of the MAA News. (59 delegates attended the meeting including 28 members).

The 46th CONFERENCE in 1995 took place at Surrey University at Guildford for the second time. The AGM was held on Thursday afternoon followed by a light hearted talk by Evans (member), on "Wanderings in the Middle East". The evening was spent at the Thorndike Theatre,

Leatherhead where members saw a performance of "The Flip Side". On Friday, the Honorary President, Brown gave the Opening Address. The lectures which followed were:-

"An Overview of Medical Illustration Today"
by Professor Richard Morton, University of Cardiff.
"Update on the Design & Artist Copyright Society"
by Janet Ibbotson, DACS, London.
"The Art of Composing a Contract & Pitfalls to Avoid"
by Mark Lomas, Exeter.
"An Appraisal of Multimedia in Medicine" by Ian Crook,
Department of Psychiatry, University of Nottingham.
"Paint Brush Software for Medical Artists" by Kyte, (member),
Swift Datagraphics, London.

In the afternoon there was a Trade Exhibition and Workshop Presentations. The Annual Dinner was held at Senate House and the Guest Speaker was Mr Nic Cooper.

On Saturday there were three talks:-

"IMC-Digital Slide Making and the Latest Technology"
by Steve Dermott.
"Contemporary Artwork & Book Design"
by John Barber, Artist, (Honorary Fellow).
"Model Making for Medicine" by Cooper & Rollason,
Limbs & Things Ltd., Bristol.

A report by Rollason was published in the Summer 1995 Edition of the MAA News. (40 delegates attended the meeting including 22 members and seven MAA students).

The 47th CONFERENCE in 1996 took place at the Hallamshire Hospital in Sheffield for the second time. with accommodation at the Rutland Hotel. The theme was "Towards a New Synthesis". On Thursday, the Honorary President, Brown, gave the Opening Address. The lectures that followed were:-

"Surgery, Ancient & Modern" by Professor Alan G. Johnson,
Department of Surgery, University of Sheffield.
"An Appraisal of Digital Imaging in Medical Illustration"
by Ball (member), Addenbrooke's Hospital.
"Moving Forwards in Vascular Surgery" by Jonathan Beard,
Sheffield Vascular Institute.
"Anatomical Book Illustration- a Review" by Lee (member).
"Illustrating Palaeontology" by Halstead (member).
"Killer Nurses" by Dr A. R. W. Forrest, Consultant, Clinical
Chemistry, Royal Hallamshire Hospital.

The AGM followed and the evening was spent at the Ruskin Craft Centre. On Friday, lectures continued with:-

"Electrical Images of the Body" by Professor Brian Brown, Department of Medical Physics, University of Sheffield.

"Medical Illustration Services, A Strategy for Survival" by Martyn Nicholls, Head of Medical Illustration, Royal Hallamshire Hospital.

"Virtual Reality in Practice" by Francesco A. Giarletta, The National Industrial Centre for Virtual Environments, Salford.

"Graphic Design for Medical Television" by Chris Firth, Audiovisual & Television Services, University of Sheffield.

"An Overview of Medical Illustration, Towards a New Synthesis" by Cull (member).

"Design for a Sustainable Future - Green Architecture" by Robert & Brenda Vale, Department of Architectural Studies, University of Nottingham.

During the afternoon there was a Trade Exhibition, Workshop Presentations and a visit to The Department of Medical Illustration Services. The Annual Dinner was held at Hassop Hall Hotel. On Saturday morning there was a visit to the Yorkshire Sculpture Park. A report by Oliver was published in the Summer 1996 Edition of the MAA News. (43 delegates attended the meeting including 16 members).

The 48th CONFERENCE in 1997 was the second to be held in Cambridge and it extended over three days. The venue was Madingley Hall, about five miles outside Cambridge. On Wednesday, the Honorary President, Brown, gave the Opening Address, which was followed by the Chairman's Lunch. Two lectures followed:-

"Pernkopfs' Atlas of Human Anatomy" by Professor David Williams (member), Purdue University, USA.

"Surgery, Art & Transplantation" by Professor Sir Roy Calne, Consultant Surgeon, University of Cambridge.

In the afternoon there was a visit to King's College Chapel and the Chapel Museum. The AGM took place in the evening and was followed by three informal talks:-

"Abuse of Perspective" by Dr John Lendrum, Consultant Plastic Surgeon, University of Manchester.

"Victorian Medical Freaks" by Dr Robert Whitaker, University of Cambridge.

"Sheela-na Gigs" by Dr Ronald Brown, MAA Honorary President & Retired Plastic Surgeon.

On Thursday morning, lectures continued with:-

"Abracadaver, The Dying Art of Anatomical Preparation" by Dr Bari Logan, University of Cambridge.

"Xenotransplantation: Animal Organs for Use in Human Surgery"

by Dr Emmanuel Cozzi, University of Cambridge.
"Virtuality Hands On/Heads In, Experience of the Latest
Advances in Virtual Environments" by Frank Giarletta,
University of Salford.

In the afternoon there were Workshops, a Trade Show and a
tour of Madingley Hall and Gardens, followed by a talk
on:-

"Kettles Yard Art Gallery" by Michael Harrison, University of
Cambridge.

The Annual Dinner were held at Madingley Hall. Professor
Lord Butterfield was the Guest Speaker. On Friday morning,
lectures continued with:-

"Back to the Future" by Dr John Shears, British Antarctic
Survey.

"The Wellcome Picture Library" by Catherine Draycott, Wellcome
Centre, London.

"Loss of Face" (MSc Student Project) by Dr Helen College
(member), University of Manchester.

"Veterinary Medical Illustration in the USA by Williams
(member), Purdue University, USA.

In the afternoon, members could visit either the Botanical
Gardens or the Fitzwilliam Museum. A report by Smith,
Miller and Wilkinson was published in the Autumn 1997
Edition of the MAA News. (54 delegates attended the
meeting including 19 members & the three new Clinical
Associates). (fig.11.6)

There have been so many lectures and demonstrations over
the years and so many of them worth recording. Chalker's
lecture in Bristol in 1991 was one of the most interesting
and gripping that the MAA had ever heard. It was
extraordinary to see the sensitive work that this artist
produced whilst living himself in the most hideous
conditions of a Japanese Prisoner-of-War Camp. His most
beautiful paintings of the men in that camp, in their
lamentable state of starvation and illness and the most
horrendous results of the ulceration of their legs and
feet, were extremely moving. The talk, "Science & The Art
of Seeing" given by Professor Richard Gregory, also in
1991, with his incredible and ingenious demonstrations was
both edifying and amusing. In 1992, at Teri J. McDermott's

"Introduction to the Airbrush - A Workshop", it was instructive to watch this extremely experienced artist at work. More recently in 1994, it was an inspiration to see members taking part, with great enthusiasm, in a "Life-Class" organised by John Barber. To return to life classes is the ambition of most artists, but time prevents it.

Most of the medical artists who became members of the Association in the early days had little or no preparation for working in a medical environment. They were therefore, very keen to attend meetings and the eventual Conferences which enabled them to meet one another. They were eager to compare notes on their work, the documentation of it, the recording and storing of it and, above all the ability to keep up with the ever increasing demands of ever increasing clients. They were also interested to learn more about the different conditions of employment within the profession. The Conferences became a great vehicle for the exchange of information and ideas.

Members of the MAA have always been enthusiastic about their meetings. However, while appreciating the planning and for the most part enjoying the lectures and demonstrations arranged for them, the artists find that informal discussions among themselves can be the most valuable part of any conference. Members have a feeling of unity in working to improve conditions and an awareness of their responsibilities to the profession. Medical artists, like all true artists are never satisfied, they are always striving to improve their work. Conferences have played a big part in stimulating ideals; most members come away from meetings with renewed enthusiasm and inspiration.

The MAA has been limited in its choice of venues in which to hold its Conferences. It has to be a place where a medical artist is employed. As we have seen there are nine Universities where the artists may expect to take their turn in organising and hosting the Association. Although there are still various places in London, in recent years several hospitals and medical schools in the metropolis

have been lost to the Association by the lack of an artist. There is only one active member abroad,^{1,2} who being freelance would, no doubt, find it difficult to manage a Conference alone.

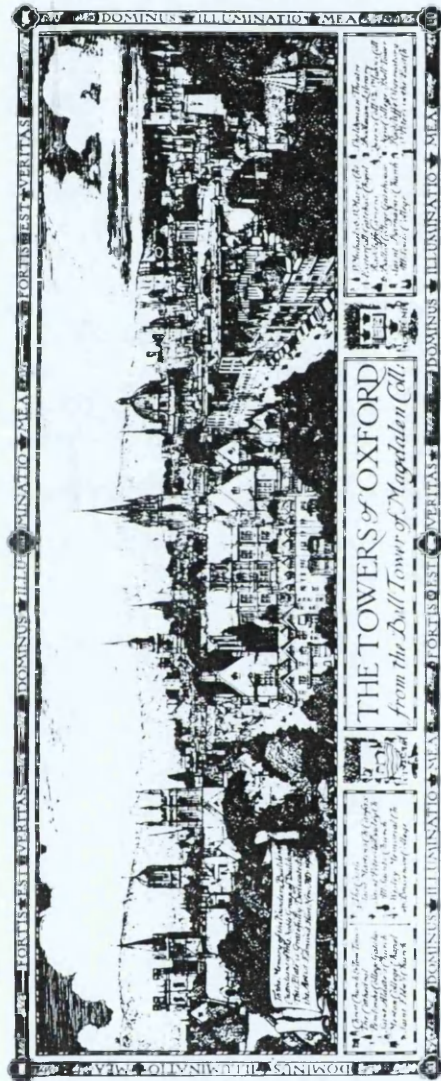
It has been left to the organisers of each conference to choose a theme for their conference and to invite their local physicians, surgeons and experts from museums, art galleries and other places of relevant interest to give the lectures. Organisers of the MAA Conferences aimed at a balance between art and medicine in their programmes. However, on questioning members it would seem that the senior members were more in favour of general art and up-to-date medical subjects while the younger members preferred to hear and see more on the subject of medical art and the techniques past and present. The most popular subjects, as one might expect, have been concerned with perception, three-dimensional illustration, exhibition and publishing design, historical subjects and the experiences of medical artists working abroad. In recent years, demonstrations on the use of computers have formed an important and popular part of meetings, especially among the present day freelance medical artists and students, but while interested not many of the senior members have any ambition to master the computer.

By visiting other Universities artists have been made aware of the differing needs of some hospitals and medical schools and how some departments, apart from their general work, have had to become specialists in certain branches of medical art. For example, St Bartholomew's produced its comprehensive collection of audiovisual teaching aids, in the form of tape/slide programmes. Manchester is well known for face and head reconstruction. The Central Middlesex specialized in endoscopic work, while Glasgow excelled in ophthalmic and physiological work. The Royal Marsden produced exhibits and pamphlets especially for patients, while Guy's had a good reputation in most branches of medical artwork.

There was only one time, in 1970, that the Chairman had to appeal to the membership for extra contributions towards the Conference. Since then sponsorship has played a part in financing the meetings. It was during the planning of the 40th Anniversary Conference in 1989 that sponsorship was requested for the first time from a number of firms and the Association was grateful to those who responded. The costs for that meeting could not have been met without their help. Although the MAA has been fortunate enough to have continued to receive some contributions, they have been a bonus. In recent years and with the help of the fees from the Trade Stands, the MAA has usually been able to make a small profit.

Conferences became quite formal from 1968, the year of the first Annual Dinner in the Great Hall at St Bartholomew's Hospital, through the 1970s, the 1980s and into the early 1990s. While keeping the traditions which had been set up by an older generation with regard to the Conferences and Meetings, today, a slightly more casual and democratic way prevails. Following the last two or three Conferences, with their increased fees and costs, it was decided at the AGM in 1997 to cancel the 1998 Conference which was to take place in Newcastle, in favour of having a very special one in 1999, the Association's 50th Anniversary. There will be a one-day Workshop with the statutory AGM and an Annual Dinner in Manchester on 3 May 1998.

(For dates of AGMs see Appendix VI)



THE MEDICAL ARTISTS ASSOCIATION OF GREAT BRITAIN 1969

The programme cover for the 20th Annual Conference, Oxford 1969.
The MAA Archives.



The programme cover for the 33rd Annual Conference,
St Bartholomew's Hospital 1982.
The MAA Archives.



Medical Artists' Association of Great Britain
35th Annual Conference
St. Bartholomew's Hospital West Smithfield
London EC1A 7BE



The programme cover for the 35th Annual Conference, "Computer Graphics", St Bartholomew's Hospital, London 1984.
The MAA Archives.

**MEDICAL ARTISTS' ASSOCIATION
OF GREAT BRITAIN**



**ANNUAL
CONFERENCE**

13th-15th APRIL 1989

**The
Royal
Marsden
Hospital**

**EDUCATION AND CONFERENCE CENTRE
LONDON**

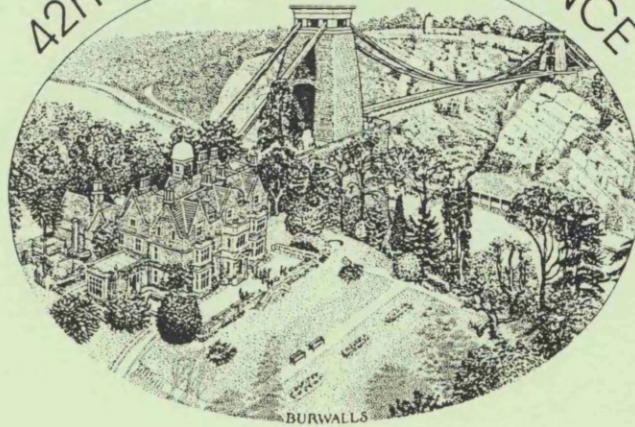


MEDICAL ARTISTS' ASSOCIATION OF GREAT BRITAIN
Honorary President Sir Francis Avery Jones CBE MD FRCP

The programme cover for the 40th Anniversary Conference, "Review and Celebration", The Royal Marsden Hospital Education & Conference Centre, 1989. The MAA Archives.

MEDICAL ARTISTS' ASSOCIATION
of Great Britain

42nd ANNUAL CONFERENCE



UNIVERSITY OF
BRISTOL

ART & MEDICINE

11 - 13 APRIL 1991

The programme cover for the 42nd Annual Conference,
"Art & Medicine", Burwells, Bristol 1991.
The MAA Archives.

MEDICAL ARTISTS' ASSOCIATION OF GREAT BRITAIN
Patrons: The Worshipful Company of Barber's



science-artist-image

48th Annual Conference

April 9-10-11 1997

UNIVERSITY OF CAMBRIDGE



MADINGLEY HALL

PROGRAMME

The programme cover for the 48th Annual Conference,
"Science-Artist-Image", Madingley Hall, Cambridge 1997.
The MAA Archives.

FOOTNOTES

No.

1. Dorothy Davison, 'Good News for Ross-board Artists',
MAA News Letter no.10, June 1959.

 2. Donald's letter to the Membership, MAA/Con.Lett.no.1.

 3. 24th Conference Report, MAA/Con.Rep. no.1, 1973 by
Pegus.

 4. 27th " " MAA/Con.Rep. no.2, 1976 by
Hartshorn.

 5. 29th " " MAA/Con.Rep. no.3, 1978 by
Besterman.

 6. 30th " " MAA/Con.Rep. no.4, 1979 by
Archer.

 7. 31st " " MAA/Con.Rep. no.5, 1980 by
Ockendon.

 8. 33rd " " MAA/Con.Rep. no.6, 1982 by an
unknown member.

 9. 34th " " MAA/Con.Rep. no.7, 1983 by
Neave.

 10. 35th " " MAA/Con.Rep. no.8, 1984 by
Neave.

 11. The Barbers' Bowl commemorates the 600th Election of a
Master of the Company which took place on 10th August
1989. John Charles Smethers was elected.

 12. Diane Bruyninckx of Brasschaat, Belgium.
-

THE MAA EXHIBITIONS 1950-1994

An early suggestion that there should be an exhibition of medical artwork was made by Davison, in her first letter to Shepley. She wrote concerning the formation of an association to lift the standard of work by "... holding an exhibition next year (1949) of the best and only the best in medical art ..." This was received with approval by him and the Oxford artists and he wrote¹:-

... Your idea of an exhibition of good medical illustration is excellent; but why in London particularly? I suggest it would be better to link such an exhibition with the annual conference of the Association of British Surgeons, wherever it may happen to be held, providing of course that you obtain their permission. There are always displays and demonstrations of pathological and clinical work and it would be a most suitable time and place to rouse the interest of doctors and surgeons generally ...

Everyone seems to have been in agreement that it was a good idea to have an exhibition soon after forming the Association. The only difficulty was in deciding whether to keep it purely for the Founder Members or to open it to anyone doing medical work. Arnott was in favour of having a completely open exhibition, as she thought it would instruct and encourage better work from the inexpert, while Davison was very much in favour of a selection committee.²

... Annual exhibition - any medical artist could submit work and any could be rejected ... Exhibitions would be linked with Surgical Meetings - not necessarily in London. Would also educate surgeons to appreciate good work, and show them what can be done ... disappointed that other artists are in favour of opening association and exhibition to all medical artists (good or bad). ...

This eventually caused a problem when artwork by Fairfax Whiteside, the freelance artist, was rejected. An appeal, backed by Professor Raymond Last, anatomist at the Royal College of Surgeons, one of her mentors, was made. If her work had not been exhibited it might have had an effect on

her reputation with the pharmaceutical company for which it was done.

For some extraordinary reason Davison disliked Fairfax Whiteside's work. Perhaps there was some jealousy, for Fairfax Whiteside was throughout her career an extremely good draughtswoman and artist, and this was evident at the more recent exhibition held at the MAA's 40th Anniversary Conference at the Royal Marsden Hospital in April 1989.

There is always a problem if, in a professional group, a selection committee is set up to judge the work of their peers for an exhibition. This is overcome once an association is established, and the members have been accepted as of professional standing. Then it is probably more sensible to give every professional member the opportunity to send in one or more works which are guaranteed to be shown. However, at this time, Davison was anxious to control the situation and show her preference for some artists and her dislike of others.

THE FIRST EXHIBITION

The subject of an Exhibition was discussed at the first meeting on 2 April 1949 in Oxford.³

... Exhibitions and Discussions between Artists & Members of the Medical Profession.

4. It was agreed by majority that the Chairman should enquire if facilities were available for holding the above functions during the Spring of 1950 at the Royal College of Surgeons, and that if there were, he should make provisional arrangements, owing to the need to book rooms very early ...

At the Executive Committee Meeting held on 1 October 1949, a date was fixed.⁴

... Exhibition of Medical art and Discussion.

The Hon. Secretary was asked to enquire whether facilities were available for holding the Exhibition at the Royal Society of Medicine.

Date of Exhibition This was provisionally fixed for the week Monday 27th March 1950 till 4pm on Saturday April 1st 1950...

Regulations for the Exhibition:-

It was agreed that:-

1. All members of the Association shall be entitled to exhibit work.
2. Each exhibitor may submit not more than six mounts, this being regulated by hanging space available.

3. Work must be protected from risk of damage due to transit and handling.
4. The Association accepts work on condition that it is not liable for any damage or loss from any cause. Each exhibitor must sign a statement to this effect.
5. Exhibitors may mount a reproduction together with the original drawing.
6. Exhibitors must pay a fee of 5/- towards the incidental cost of the Exhibition, and this must be sent with the Exhibits.
7. The Exhibition sub-committee reserves the right to refrain from hanging some of the work submitted if the space be too limited.
8. All exhibits shall be addressd to the Hon. Secretary.

EXHIBITION SUB-COMMITTEE

The following were elected.

Mrs Blackburn Chairman

Mrs Helen Wilson

PUBLICITY

It was agreed that:-

1. A suitable invitation card shall be printed and sent to those most likely to be interested.
2. The Exhibition shall be advertised in the "The Lancet" and "The British Medical Journal".
3. It shall be free and open to the public.

Notice of the proposed Exhibition was sent out to Members on 17 January 1950.⁵ At an Executive Committee Meeting held on 1 April 1950,⁶ the Honorary Secretary reported that:-

... The arrangements for the first Exhibition of the Medical Artists' Association had been made, and the Royal Society of Medicine had kindly given us the use of an Exhibition room for one week charging a nominal sum of £6.6.0. The provision of the Exhibition stands had been arranged for £30, with a proviso that there should be a refund on the Essex board supplied if this was returned undamaged.

The Exhibition appeared to be a success judging by the complimentary remarks of Members of the Medical Profession who had visited it... (These have not been recorded).

At an Executive Committee Meeting on 30 September 1950,⁷ the following views were expressed.

- ... (a) Mr Shepley reported that Sir James Learmonth considered that the standard of work exhibited was excellent.
- (b) The Committee felt that the following criticisms might be helpful to those who might organise any future exhibition:-
1. That the walls should not be completely crowded, and that for this purpose the hanging committee should have authority to omit, if necessary, some of the work submitted, in the interests of artists displaying work.
 2. That if possible one member of the Association should be in

- attendance throughout the period of the Exhibition.
3. That a descriptive legend should accompany all drawings. ...

THE SECOND EXHIBITION

A proposal for the next exhibition came from the medical photographers and it was reported at the Executive Committee Meeting held on 6 April 1951.⁸

... Joint Exhibition of Medical Photography and Art.

Mr Donald had received:-

...An invitation from Dr Hansell, (Head of Medical Photography at Westminster Hospital Medical School), for Medical Artists to exhibit work at an Exhibition of Medical Photography to be held in 1952 was considered. It was decided that our members could not agree to their work being judged by a selection Committee which included photographers and artists outside the Association. But it was decided that if a satisfactory arrangement could be achieved with Dr Hansell, the possibility of combining an Exhibition of Medical Photography and Art would be worthy of further consideration at some future date ...

At the 2nd AGM held on the 8 April 1951,⁹ it was agreed that an Exhibition of Medical Art should be held in London the following year and that, if practicable, this Exhibition should be sent to the location of the meeting of the British Medical Association. The following Sub-committee was elected to organise the Exhibition.

Mr Alexander (Chairman).

Miss Davison, Miss Hawker, Miss Whiteside.

It was agreed that a charge of up to 10/- should be made by Exhibitors to help toward the expenses.

However, the Chairman had received another letter from Hansell dated the 2 May 1951¹⁰ in which he wrote:-

At our Exhibition Sub-committee last evening it was agreed to stage an exhibition with your Association, both groups retaining their individual identity. With this decision made, there are now several urgent points of administration which must be cleared soon.

1. Enclosed please find a rough draft of a preliminary notice for your approval. If you have no alterations to suggest, this will be printed and distributed by our group, and so perhaps you would also indicate the number which your Association will require for distribution.
2. It was agreed by our committee to share on a fifty-fifty basis exhibition space, expenses and labour of hanging, etc.

3. As I see it, we shall require two separate selection panels, which should meet on the same day and at the same place, with possibly reciprocal observers on each panel. We anticipate that there may be some entries which combine art with photographic work, and such entries could then be discussed by both panels.
4. Would you be kind enough to indicate your choice of selectors, and to appoint one or more London representatives, who could sit in with us on the preliminary arrangements.
5. From the expense point of view it would seem desirable to have a joint entry form. We have had some experience in designing such forms, and if you would be willing to give us some idea of your requirements in this respect your suggestions could be incorporated in the final draft.
6. Unofficially we have the choice of two excellent venues.
 - (a) The Old Library, B.M.A. House, and
 - (b) The Museum of the Institute of Tropical Medicine.
 Both these halls probably provide more space than can be filled. The probable date of the exhibition is two weeks plus an additional weekend in June, 1952.
7. On hearing from you we shall convene another meeting of our Exhibition Sub-committee and I think it would be advisable for your representatives to be in attendance.

Please do not hesitate to raise any points which may occur to you at this stage, because in our experience we shall require all the time between now and June 1952 to organise the exhibition properly.

(Draft of preliminary notice to be circulated as soon as possible. Please comment and return, indicating how many copies you will require. It will be printed on stiff paper so that it may also be pinned to a notice board).

EXHIBITION OF MEDICAL ILLUSTRATION
 (Photography and Art in Medicine)
 organised by

The Medical Artists' Association of Great Britain

and

The Medical Group of the Royal Photographic Society

From.....
 To
 At

This exhibition is designed to cover the full range of Medical Illustration. To this end medical artists and photographers are invited to submit work.

Closing date for entries
 Entry forms will be distributed and may be obtained from:-

(Names and addresses of two secretaries)

The Chairman, Donald wrote a letter to Shepley on 18 May 1951,¹¹ in which he said:-

... I now come to the vexed question of the proposed exhibition with the Medical Photographers which seems to have ruffled a few feathers. So far as I am aware the door to discussions with the Photographers was not closed at our A.G.M. It was on this understanding that I carried on the correspondence which Dr Tompsett had had with Dr Hansell, with a view to putting forward firm proposals as a basis for discussion. In my letter to Hansell I stated quite definitely that my committee had not been consulted. The position now is that we are able to assess our attitude to a joint exhibition more clearly because of the conditions to which Hansell agreed. Do not imagine for one moment that I was proposing to present a 'Fait accompli'. Until you all vote on it anything I say is purely a personal opinion. It was my intention only to clear away certain fundamental difficulties to enable us to get down to discussion.

Before I enlarge upon my personal views, I should like to quote from a letter which I received from Dr Tompsett regarding a conversation he had with Sir Cecil Wakeley when the latter was discussing the Honorary Presidency.

It deals with a suggestion Sir Cecil made for increasing the prestige and subsequently salary of medical artists and their registration under some such body as the Medical Auxilliaries. (A point I spoke on at the A.G.M.)

Sir Cecil is quoted as saying "... I should be willing to bring up this matter when the opportunity occurs, but it is essential that a fairly comprehensive account of the variety of work which the medical artist is trained to do and which cannot satisfactorily be undertaken by photography should be published ..." It was my intention to bring this matter to your notice, at a later date, for such an article will require to be prepared for Sir Cecil's approval and publication. For the moment please put it on one side.

You will probably see that Sir Cecil has expressed exactly the same view as I have, but from a different angle. Medical artists and medical photographers are to some extent in competition with each other, but (again I said at the A.G.M.) there are vast fields open to the artist which are denied to the photographer. It is to stress this difference between us that I should like to see a joint exhibition.

If we can demonstrate in a convincing manner the added contribution the artist can make to medical records and teaching, in an exhibition which will attract a wide public, and which lends itself to comparison of exhibits, and precede it or follow it up by a well written article published in an important journal, I am of the opinion that we would do much more for the prestige and advancement of our ideals than by a small private show.

However I am not going to labour the point.

I should like your considered opinion on the following points:-

- (1) Should discussion be carried on with Hansell and Co.
- (2) If so what are your views on Non-members exhibiting at a joint exhibition.
- (3) Would you agree that our total expenditure on the exhibition should be in the region of £40. (Expenses of our

- representatives to be in addition and paid by ourselves.
- (4) Should we try to bring the date of the exhibition nearer to April and our A.G.M. or failing that should we consider altering the date of our A.G.M.
 - (5) Should we canvas our members with a view to testing their reactions to:-
 - (a) A joint exhibition with the Medical Photographers at a well known Medical Centre possibly in June, 1952 with two distinct sections, each retaining its individuality but advertised as a joint exhibition.
 - (b) A separate exhibition held in 1952 by Medical Artists at a place to be decided.

To assist members to form an opinion of these two alternatives I should suggest that a covering letter such as I am enclosing for your approval and criticism should be sent out together with a stamped addressed envelope to ensure a speedy reply. If this method is your choice I shall undertake to have the forms sent out as it saves a deal of writing back and forward.

Please let me have your views by return.

The draft of Shepley's reply is not dated and is headed, 'Part reply'.¹²

... I do not see the point of this urgency with regard to your proposed joint exhibition. I have already given you my views on this. It was agreed at the A.G.M., by a majority of members, that though "the door to further discussion would not be closed" - as you express it - we would proceed with the preliminary steps for our own exhibition next year. To this end a special committee was elected under the chairmanship of Mr Alexander; they were to make enquiries regarding accommodation, costs, etc., and report to the Executive Committee. We cannot go past this arrangement, unless perhaps it is your intention that we should hold two exhibitions in 1952, one being a joint one in June and the other at the time of the A.G.M. by our own members.

I have no quarrel with Medical Photographers, and have always worked in close harmony with individual members. I am in complete disagreement with your views on so-called competition between Medical Artists & Photographers; you may remember my interjection at the A.G.M.; you will find few really experienced Medical Artists to agree with you; moreover the artist requires to have some knowledge of photography and its problems. The activities of the two groups are not opposed but are inter-related. With all due respect, your experience in Medical Art is very limited compared with that of others both outside and within our Association, including my own. I am taking the liberty of enclosing a reprint of an article by myself recently published in the medical press;¹³ there are one or two paragraphs which may interest you; and I think, also, that it meets Sir Cecil Wakeley's point regarding the duties required of the Medical Artist. What is his experience in the employment of medical artists? So far as I recollect there is no artist attached to his department and he makes use exclusively of freelance work.

- (1) Carry on discussion with Hansell by all means; maintain the friendly atmosphere; but don't proceed further without

opportunity for much fuller discussion.

- (2) Should a joint exhibition later be approved, I would not be in favour of non-members exhibiting with members of the Association; they could form a separate group if this was thought desirable; the other alternative is for our own members to submit work for such a combined exhibition as individuals and not as an Association. In either case, I personally would not be prepared to submit work in these circumstances.
- (3) No. In the case of the alternative given above, any proportion of the expenses would require to be borne by those members exhibiting work and not by the Association.
- (4) No, and see my previous statements:- the date of the A.G.M. is a Constitutional matter, and cannot be altered except in a proper manner and approved at a full meeting of members.
- (5) (a) This is up to you when you have received the considered view of other members of the Committee.

With regard to (b) you already have the views of members, present at the last A.G.M., and noted in the minutes.

I hope that these comments & this criticism will be of help to you. I have given my reply some thought, and I have no wish to allow personalities to creep in at this early stage, but my general feeling is that you are tending to rush matters too much, probably with the assistance of Tompsett. ...

This was a severe reprimand for the Chairman, but in spite of it, Donald was determined to go ahead with the plans. Without further consultation with his Executive Committee, (there is no record of any contact), on 30 May 1951, the Chairman sent a letter and a questionnaire to the whole Membership to ascertain their views with regard to a combined art and photographic exhibition.¹⁴

... Since our A.G.M., discussions with the Medical Photographers have reached a stage at which your Executive Committee would like to test the views of Members before proceeding further. At the moment a suggestion has been made, by the medical photographers that a Joint Exhibition designed to cover the whole range of Medical illustration and advertised as an "Exhibition of Medical Illustration organised by the Medical Artists' Association of Great Britain and the Medical Group of the Royal Photographic Society" should be held in June, 1952, at a prominent Medical Centre in London. Each group to retain its individuality and the exhibits to be kept separate.

Your Executive committee wishes to put this proposal before you. I enclose a form on which there is a series of questions. Please strike out the answers which do not apply in your case and return the signed form to me in the enclosed stamped addressed envelope by return of post. If you wish to add any comments, please do so but confine your remarks to one sheet of notepaper.

In the event of a majority being in favour of a Joint Exhibition, discussion will be opened on the question of finance and an attempt will be made to bring the date forward

to April, the usual time of our A.G.M.

To assist you to put this proposal into perspective, I shall quote a remark made by Sir Cecil Wakeley to Dr Tompsett. He said "An article should be prepared for publication which stresses the variety of work which the Medical Artist is trained to do and which cannot satisfactorily be undertaken by photography, in order to emphasize to the Medical Profession the importance of Medical Art in clinical as well as surgical work".

It seems that such a purpose could be achieved in part by a joint exhibition. It could also be either preceded or followed up by a publication in one of the prominent journals.

QUESTIONNAIRE

1. Are you in favour of a Joint Exhibition with the Medical Photographers, to be held at a prominent Medical Centre in London. YES NO
- 1a. Should non-members of our Association be invited to exhibit at this Exhibition. YES NO
- OR
2. Do you prefer a smaller private Exhibition by members of our Association only, to be held in April, 1952, at a place to be decided, in London. YES NO

Strike out the answer which does not apply

On 13 June 1951, Donald wrote to Shepley again¹⁵. It appears to form a draft letter to the Executive Committee and reads as follows:-

... Enclosed are copies of the questionnaire and accompanying letter I sent out to the remaining twenty of our members. (Not including the three new members whose addresses I did not have). So far I have received 16 replies, after 14 days, as follows:-

	YES	NO
Question 1	13	3
1a.	8	8
2	3	13

It is therefore clear that a majority is in favour of a Joint Exhibition and I am getting in touch with Mr Alexander to find out if he is willing to act for us in discussions with the Photographers. I should suggest to you that in view of the evenness of the voting on question 1a. non-members of our Association should not be invited to submit work to this exhibition.

Since sitting down to type this I have received a letter from Miss McAdoo, Exhibition Secretary of the Photographic group. Here are the main paragraphs:-

... "The British Medical Association have now agreed to allow us to hold the exhibition on their premises in what is at present known as the 'Old Library'. The date arranged is June 13th - June 28th 1952, which gives us two weeks plus an

additional week-end. The hall, which you may already know, is large and ideal for the purpose of a joint exhibition. I understand that the charges will be reasonably small.

We are now at a point where we must consider preliminary Notices, Entry Forms etc., and I feel that nothing further can be done without discussions with representatives from your Association. As you are already aware, there will be a good deal of work involved in compiling draft forms and obtaining tenders before printing, and the entry forms must be available in time to go by sea to members in such places as Australia and New Zealand for them to ship their exhibits back". ...

It seems that our Photographic colleagues are a little quicker off the mark than we are and I for one cannot blame them as I have not found some of our members to be very co-operative in the matter of coming to a decision on even simple issues. I must admit that I had not visualised the possibility of Overseas Members as a reason for the Photographers haste to get things settled, but after a taste of our own group and their dilatory ways I can appreciate their concern.

If Alexander is willing to act for us, I shall instruct him as follows:-

1. The exhibition to be advertised as an "Exhibition of Medical Illustration organised by the Medical Group of the Royal Photographic Society and the Medical Artists' Association of Great Britain".

2. Photographs and the work of our members to be kept quite separate.

3. No artwork of Non-members of our Association to be allowed. (This would cut out the need for Entry Forms in our case and consequently reduce our costs.

4. In view of the difference in size of our two organisations we would not expect to occupy half the hanging space and as a result our share of expenses should be less than that of the Photographers. In any case it would require to be confined to the region of £40, excluding expenses of our own representatives which would be our own responsibility as would the Photographers' representatives be theirs.

If any of you have anything to add to or subtract from these conditions please let me have it by Monday 18th inst. If I have not any amendments by that date I shall take it that we are in agreement.

Donald wrote a similar letter to the Executive Committee on the 2 July 1951,¹⁶ informing them of these arrangements and that the date, 13 June-28 June 1952 and the place, The Old Library at B.M.A. House had been confirmed. By the time of the Executive Committee Meeting held on 27 October 1951,¹⁷ Barber had been appointed Chairman of the Exhibition Sub-committee in place of Alexander and Arnott had agreed to serve on it.

... The Preliminary Notice for the Exhibition and the draft of the Chairman's letter to Members about the Exhibition were read and approved by the Committee. It was unanimously decided that

Sir Cecil Wakeley's name should be sent to the Photographers as the Association's choice of a suitable person to open the Exhibition on Saturday 14th June. The arrangements for a Rota of Exhibition Supervisors and people to hang the Exhibition was to be left to Miss Barber. It was decided that the Exhibition should be shown in a Provincial Centre, following the London Exhibition. The Provincial Centre to be responsible for the re-hanging of the Exhibition, and returning the Exhibits to London. The place had not been fixed definitely.

On 30 October 1951 the Chairman wrote to the Membership informing them of the result of the questionnaire and giving them details of the Exhibition. He wrote¹⁸:-

... I enclose a copy of the Preliminary Notice of the Exhibition which is being sent to all members of both organisations. It is probable that the Exhibition as a whole will be sent to a provincial centre at the close of the London Showing.

This Exhibition affords us a great opportunity to demonstrate the diversity of the work of the Artist and to emphasize to the Medical Profession the knowledge, as well as skill, which will always make the artist's contribution to Medical Illustration unique. It is the earnest hope of your Executive Committee that all members will take full advantage of the scope of the Exhibition to consolidate the favourable impression our Association has already made in the eyes of the Medical Profession. ...

Your Executive Committee are of the opinion that it would be desirable to make the dates of the A.G.M. and the Exhibition coincide so that those of you who come from a distance would make your time in London as profitable as possible. This would entail a temporary amendment to our Constitution and the following amendment has been proposed by Miss Barber, Miss McLarty, Miss Arnott, Miss Hawker and Dr Tompsett.

"That the date of the 1952 A.G.M. of the M.A.A. shall be postponed until Saturday, June 14th."

You are now invited to vote upon this resolution. If you are for it you need not reply to this letter. If you are against it your negative vote should be in my hands by December 1st 1951, after which it will not be included in the vote. ...

Having committed themselves, both Tompsett and Donald were obviously determined to go ahead with the Joint Exhibition and consequently took the arrangements rather far forward before consulting both the Executive Committee and the Membership. It is clear, from his letters, that Donald was convinced that the Exhibition would be advantageous for the Association and he was not intimidated by Shepley's admonishments, - he went ahead and arranged a change of date for the AGM.

The medical photographers through Hansell seem not only to be rushing this Exhibition but also to be dictating the arrangements. It could have been that they were anxious to be involved with this new Association and even to appear to have some control over it. They were, no doubt, interested to know what plans the MAA had for the future, as the medical photographers themselves did not have an association of their own at that time.

At the 3rd AGM held on 21 June 1952,¹⁹ the Chairman said:-

... he believed the Joint Exhibition with the Photographers was demonstrating to the Medical Profession the individuality and scope of the Medical Artist as opposed to the camera. He also thought the Exhibition would do much to help the Professional Status of Medical Artists. ...

There were 32 Members at the time, 27 of whom exhibited their work. They were:-

P. Archer	E. Hewland
A. Arnott	I. Karger
D. Barber	C. Lamb
M. Beck	R. Matthews
A. Brown	M. McLarty
M. Brown	I. Negus
P. Cull	S. Robinson
D. Davison	C. Shepley
J. Dewe	G. Smith
G. Donald	T. Tarrant
B. Duckworth	D. Tompsett
J. Fairfax Whiteside	J. Trotman
A. Gretener	F. Wadsworth
D. Hammersley	

(Names taken from the catalogue) (fig.12.1)

After the London showing the Exhibition was taken to the Medical School, University of Manchester.

The number of contributors to this 1952 exhibition shows clearly that the membership was very much in favour of holding exhibitions. They were keen, not only to show the quality and diversity of their work, but also it gave them the opportunity to impress on hospitals and medical schools, which might be thinking of setting up a photographic department that they would still need the services of the medical artist.

THE THIRD EXHIBITION 1955

At the 4th AGM held on the 25 April 1953,²⁰ after discussion:-

... it was agreed that the next Exhibition should take place in 1955, covering the whole field of medical art and that photographs (of original work) could be used with due acknowledgements. It was decided that this Exhibition should not be held jointly with the Royal Photographic Society. BMA House was suggested as the most suitable place.

British Council

Mr Donald read the correspondence with the British Council about the Exhibition of Medical Illustration which was to visit several European Countries. It was agreed that the Association should send a contribution if it were selected by them and mounted and presented in a way considered satisfactory to an Exhibition Sub-committee of Members of the Association...

The date for the exhibition was decided at the Executive Council Meeting held on 30 April 1954.²¹ It was reported that:-

... The Exhibition will take place at BMA House from April 15th - 30th 1955 both dates inclusive. The Committee agreed that the Exhibition Committee should consist of Mr Donald (Chairman) Miss Wadsworth & Miss Lamb and the Selection Committee should include the following:-

Mr Donald, Miss Wadsworth, Miss Mary Brown or Mr Shepley, Miss Hewland or Miss Dewe, Miss Arnott or Miss McLarty. ... It was unanimously decided to ask Sir Cecil Wakeley²² to open the Exhibition on Friday, April 15th at 3pm. It was agreed to suggest to the AGM that the Entrance Fee should not be lower than £1, & that 50 screens should be booked from Ilford, which would mean roughly 15 mounts per member. It was unanimously decided to co-opt Miss Hewland & Miss Dewe for the Committee for 1954.

Some of the Members were concerned about the whereabouts of the exhibits lent to the British Council. At the 5th AGM held on the 1 May 1954²³:-

... Mr Donald read the correspondence he had had with the British Council who had admitted that their Exhibition was still in London at the time of his last communication with them two weeks before the AGM ...

There must have been some dissatisfaction with the choosing and hanging of the works at the last Exhibition as at the 6th AGM held on the 16 April 1955,²⁴ under selection of work:-

... Mr Donald asked the members to decide how future Exhibition Committees were to work, selection or no selection. Finally

after discussion it was unanimously decided that Members should be able to count on having 75% of their work hung, the number of mounts to be decided by the space available ... (fig.12.2)

THE FOURTH EXHIBITION 1956

It seems extremely ambitious for the Association to be arranging yet another Exhibition for the following year, but the 1955 one was barely over when it is reported in the Minutes of the Executive Council Meeting which was held on 3 September 1955²⁵ that:-

... The Exhibition at the Royal College of Surgeons was then discussed. Mr Donald read a letter from Mr Clement Price-Thomas²⁶ which indicated his pleasure at the idea that we should hold an exhibition, and it but remained to get formal permission from the Royal College of Surgeons.

It was decided to ask the following members if they would serve on the exhibition committee:- Miss Barber, Miss McLarty, Miss Hewland, Miss Davison, Miss Wilson, Professor Last, Mr Donald.

It was proposed by Mr Donald and seconded by Miss Wadsworth that Miss Archer should be the Exhibition Secretary ... It was agreed that each member would be able to submit not more than 12 mounts (16"x20") and that the committee would undertake to hang at least 75% of the number of mounts submitted by each member.

It was also agreed to try and arrange the next AGM at the same time as the Exhibition, and if possible to accept Mrs Karger's kind invitation to arrange a social evening before the A.G.M., if she still felt able to make this offer.

There was some follow-up on the 1956 Exhibition. It was noted at the 7th AGM, held on 14 April 1956²⁷ that:-

... Mr Donald said that with regard to our exhibition on show at the Royal College, when the hanging committee arrived on the previous day it was found that only eighteen of our twenty-four screens were available, owing to shortage of space. This meant that it was not possible to hang 75% of each members work as had been originally planned. It was therefore decided that each member sending in more than six mounts should have six only hung, and each member sending less than six should have them all hung. It was felt that as a last minute decision this was the fairest workable arrangement that could be managed, and on this basis it was possible to exactly fill the space available.
Chairman's Report.

Mr Donald reported that in response to a number of enquiries from members he had been trying to find out the whereabouts of our exhibition with the British Council. The British Council had reported that the exhibition was going to Spain where they hoped it would remain for the rest of the year, and that they also hoped we would give permission for it to continue to the Middle East next year. After discussion it was found that the

majority of members concerned would prefer to have their work returned as it had already been away so long (1953-1956) and, it was agreed to ask the British Council to exclude it from the Middle East tour.

Future Exhibitions.

Mr Donald asked for the views of members on the conduct of future exhibitions. Miss Whiteside proposed that each member should be allowed their choice of the first three drawings to be hung, and that at least 75% of each members total entry should be hung, if space permitted. Seconded by Miss Arnott and carried unanimously. ...

At the 8th AGM, held on 13 April 1957,²⁸ it was noted in the Minutes that:-

EXHIBITION 1958.

After general discussion it was agreed that London is the best place to hold our next exhibition, and that this would be best held at the same time as some surgical (or medical) conference, if this could be arranged. ...

The saga of the British Council Exhibition came to an end in 1957 when it was reported at the Executive Council Meeting on 3 November 1957²⁹ that:-

... Mr Donald then read a letter from the British council, which stated that the work they had borrowed was now back in this country and was being checked by the framer, also that a party was being arranged for the exhibitors ...

It was then proposed by Mr Shepley and seconded by Miss Hewland that we should aim to hold an exhibition in 1959 - our Tenth Anniversary, if possible at the Royal College of Surgeons. Carried unanimously.

THE FIFTH EXHIBITION 1959

It is reported in the Minutes that at the 9th AGM held on 26 April 1958³⁰:-

... Miss Hewland also mentioned that she had been tentively approached by Kodak to see if we would be interested in sending a small exhibition to Pretoria. It was proposed by Miss Graham and seconded by Miss Robinson that we should agree to send such an exhibition if the arrangements sounded reasonable when further details become available.

Next year being the 10th Anniversary of the Association, it was proposed by Miss Robinson & seconded by Miss McLarty that it should be held at the Royal College of Surgeons if possible. It was generally agreed that we should cover the various aspects of medical art as widely as possible, and that individual displays would be encouraged. It was proposed by Mr Kidd and seconded by Mr Lane that we should invite selected guests to exhibit with us if space permitted. Carried unanimously. It was

also agreed that if our finances were reasonable enough to hold the exhibition without an entrance fee, and that the subscription for 1959 should remain at £1.11.6 ...

Details of the 1959 Exhibition were discussed at an Executive Council Meeting held on 1 November 1958³¹.

... EXHIBITION 1959

Mr Donald warmly thanked Miss Whiteside who had agreed to take on the task of exhibition secretary.

The committee then discussed whether it would be possible to put into practice the recommendations made at the last A.G.M. that we should invite outside medical artists to exhibit with us. After some divided opinion a majority vote was recorded in favour of keeping all the space available for our own members, in view of the fact that we did not know what space would be available at the college.

As the dates of the exhibition were not known, it was not possible to fix the 1959 A.G.M., but it was agreed that it might be most convenient to have it on the day of the opening ceremony, the latter to be at 5.30 or 6.00pm.

Hanging Committee.

It was agreed that the hanging committee should consist of Miss McLarty, Miss Hewland, Miss Whiteside, Miss Barber, Miss Wadsworth, who would meet about one month before the exhibition to sort out the work and decide its arrangements as far as possible. ...

The next mention of the Exhibition was at the 10th AGM held at the time of the Exhibition on 20 April 1959,³² when the Treasurer reported that:-

Mr Donald told the meeting that ... there had been many hitches in the arrangements largely due to all the new building going on at the College, and the exact site of the exhibition was not known until the night before it was hung.

After the 1959 Exhibition the MAA News Letter³³ contained the transcript of Sir Cecil Wakeley's Opening Speech and some news from Dorothy Davison in which she said:-

It would be helpful if members would send in any informed criticisms they have heard about the Exhibition so that we could share and discuss a variety of views. Most people will say that it was a good show but few can or will offer constructive (or wise destructive) remarks. Unfortunately the surgeons I know who could and would render us this service did not visit the Exhibition, so I have nothing to offer except to (answer) questions I have been asked - "Why was there not some selection in what was on the whole a good Exhibition" and "Why were there a few exhibits that might have been done by someone who was not a medical artist".

We are grateful to Sir Cecil Wakeley for his Presidential letter, especially as it was written at short notice. Certainly we must polish up our skill in the lesser known branches of

medical art. It is not, however, always easy, or even possible to do so, for our surgeons usually keep us busy with the kind of work they like, and we have neither time nor opportunity to practise any other. It would be well if we could have demonstrations of unusual methods or techniques before our annual meeting, or at sectional gatherings. It is difficult for isolated artists to learn what can be done or how to do it. ...

Davison made sure of taking this opportunity to criticize the organisers for not having a proper selection committee for the Exhibition, as she had already advocated several times before.

MEDICAL ARTISTS' EXHIBITION 1959

Opening Speech by Sir Cecil Wakeley (1892-1979)

I was very pleased to open this exhibition at the Royal College of Surgeons on Monday, April 20th, and I should like to congratulate the many exhibitors on their fine work. However, I should like to point out that the extent of medical education is ever increasing and your Association must be prepared to enlarge its scope considerably in order to help the various branches of medicine, surgery and gynaecology to illustrate their undergraduate and postgraduate teaching. Few lectures are given today without the use of visual aids; these may be lantern slides, pictures or diagrams projected from the epidiascope or filmed. Medical films came into being just after the first World war and have gradually become more important in the teaching of medical students and nurses as the years pass. Today every medical school and nursing school has a ciné projector and lantern slide projector as an important part of the teaching equipment. Many lantern slides are made from original drawings provided by medical artists. I, myself, have many hundreds of lantern slides which portray excellent drawings by various medical artists, and I certainly should not like to lecture without these excellent 'Lecture Aids' as I like to call them.

Hospitals of any size should in my opinion have a department of medical illustration just as they have a photographic department. The department of medical illustration can be of real value to every division of the hospital. It is not only the drawings of clinical, operative, anatomical and pathological material but also in the illustration of diagrams, charts, graphs, formulae and exhibition labels and cards in which the medical artist can be of such useful help. Line drawings which play such an important part in the teaching of students and nurses are far more valuable than actual photographs. I should be the last to decry the value of photography in medicine or surgery but for teaching purposes a line drawing eliminates the mass of unessential matter that often confuses the student. With the great advance of

biochemistry, structural formulae are so often used in teaching today and the artist who can portray these formulae in black and white is doing the department a great service.

We are living in an age of exhibitions both international and national and from the medical point of view the artist can help enormously. During the Summer of 1958 an International Congress on Cancer was held at the Festival Hall in London and as I walked round the great exhibition area I was struck with the great importance of medical artists and the part they played in making the exhibition such a success.

Every branch of medicine and surgery is undergoing expansion today and many ingenious tubal instruments are on the market such as, cystoscopes, gastroscopes, sigmoidoscopes and bronchoscopes. These instruments allow visual inspection of the bladder, stomach, rectum and sigmoid colon and the bronchi. It is to the medical artist that the modern surgeon turns to capture in colour the various pathological conditions seen in these areas of the body.

It will be seen that the medical artist of today enjoys a wide range of territory but must be prepared to make sketches in the operation theatre or in the post mortem room, to look down the various 'scopes' and depict conditions she sees at the end of the instrument. Besides this she must have a 'flair' for setting out her drawings for demonstration purposes. In fact never before has so much potential material been within the grasp of so few medical artists.

A paragraph in the next MAA News Letter³⁴ written by the editors, Davison and Donald, gives a more graphic account of the hanging of the 1959 Exhibition at the RCS:-

Since our last issue I have heard the full story of the struggle to get our exhibition housed and up in time for the fixed opening date - Miss Whiteside was on the job every day for over three weeks, meeting fresh difficulties all the time; she says that it is almost impossible to believe that so many bomb-shells could fall so quickly! This was all due to the fact that the building programme was long overdue - no sooner did she think that all was settled than there would be a telephone call to say that the hall would not be ready in time. Down she went to the College and insisted that it must be! After winning a temporary victory another message would bring the news that the floor could not be finished. A couple of days before the opening the lighting could not be installed. Another despairing onslaught and the electricians agreed to put in temporary lighting - that was why it was so bad. The whole story would fill a News Letter and read almost like a "blood and thunder", fortunately no blood was spilt but there was plenty of thunder - because of all the delays the authorities wanted us to hold the Exhibition in the Museum where few people would have seen it. As it was no one could avoid it (in the hallway) for everyone had to pass it to go to lectures, meetings and films. Only a few hundred visitors signed the book but far more saw it

and many gave it high praise. We were asked to keep it open a few more days to cover the meeting of Anaesthetists.

There was a gap of four years before the next exhibition was suggested, understandably, as the Association had already organised five exhibitions in the space of the first ten years. It is to their credit that they found time for the extra work involved.

THE SIXTH EXHIBITION 1964

On 9 November 1963 at an Executive Council Meeting ³⁵:-

... Mr Donald spoke of the proposed Exhibition of Medical Art to be held at BMA next year. The provisional dates were suggested to run from April 27th to May 15th, Saturday, April 25th being the day for setting up. The format of the exhibition was discussed in view of the rather limited space. The following Exhibition Sub-Committee was approved:

Miss Archer Chairman, Mr Tarrant and Mr Drury.

A rough plan for "Themes" for the screens was drawn up as follows:-

Wall space	General
Screen I	Statistics
II	Endoscopic
III	Laboratory Technique & Technical
IV	Pathology
V	Surgery
VI	Anatomy
VII	Training of New Medical Artists.

These headings to be taken only as leaders.

Mr Hammersley suggested that an exhibition might be mounted to show training of medical artists & that consideration should be given to this over the next few years...

At the 15th AGM held on 9 May 1964,³⁶ the Chairman merely expressed thanks to the Exhibition Committee. No other mention was made of the Exhibition.

THE SEVENTH EXHIBITION 1970

Five years passed before any kind of Exhibition was again suggested. It was in Oxford at an Executive Council Meeting held on 12 April 1969,³⁷ when the 1970 Meeting was discussed:-

... 21st Anniversary of the Founding of the Association. An

Exhibition of Medical Art underlining the General theme should be arranged. Miss Pegus to be asked to take charge of this ...

This was followed by information given out by the Chairman at an Executive Council Meeting held on 8 November 1969.^{3e}

... Mr Donald said that through an introduction given to him by Miss Brown he had met Mr Speed a representative of Messrs E. R. Squibb & Sons Ltd., who told him that this firm was developing a cultural service to the medical profession & was interested in sponsoring an Exhibition of Medical Art to be shown in various Postgraduate Centres in the country. A tentative offer of £250 had been made for the loan of such an exhibition for the period of one year. Mr Cull asked if original work was required or, in view of the length of time the exhibition would be away, if photographic reproductions would be acceptable. Mr Donald said he thought the main value of this to the firm was that original work which many General Practitioners rarely had a chance of seeing for themselves should be exhibited.

For the Association, new Marler Hayley stands would be provided, the firm also undertaking all responsibility regarding transport, packing and insurance. A small notice would be displayed stating that the Exhibition was sponsored by Messrs E. R. Squibb & Sons Ltd. Mr Donald said Ciba had offered £25 to sponsor an exhibition, and since there was such disparity it was undesirable to split the credit and he suggested that this offer should be declined ...

Since the Exhibition had assumed a greater importance than had been originally envisaged, the Chairman thought this responsibility was too much for one person to carry & he suggested that Miss Pegus should head a team composed of Miss Archer, Mrs Prentice & Miss Wadsworth. Mr Cull said he would be glad to act in an advisory capacity.

Mr Donald said he felt this financial aid made the guest list a viable proposition, & whilst there might be an increase on the offer of £250, he would like to achieve the sum of £400. He thought that those members in the higher income bracket might be approached to give an extra contribution ...

As the Exhibition would be mounted in the Edward Lumley Hall, Miss Pegus was asked to assess, as soon as possible the footage which would give a good display & send this estimate to Mr Donald so he could discuss with Mr Speed the firms requirements with this as a basis. Miss Pegus asked if any title was to be included in the design of the Exhibition but Mr Donald thought this could be left to a later date. Initially it was necessary to establish:-

1. How much of the space available in the Edward Lumley Hall would be needed for a good presentation.
2. How many panels Mr Speed thought the firm would wish to transport round the country.
3. The principle behind the Exhibition (which now had a slightly different slant to that originally suggested) as a display of the best of Member's work without historical reference or the inclusion of student's work.
4. That the responsibility of providing an all-over design for

the Exhibition should rest with the Exhibition Sub-Committee. ...

The following year, at the 22nd AGM held on 14 May 1971³⁹ it was recorded that:-

... Regarding the Exhibition Mr Donald said that in further conversation with Mr Speed it had been apparent that Messrs E. R. Squibb & Sons Ltd., would welcome future joint ventures & he asked Miss Pegus if she had anything to report.

Miss Pegus said that during the year the Exhibition had been shown in 12 Universities & Hospitals. It had now returned to the Royal Marsden Hospital where it was being dismantled. All original work would be posted to the Members concerned. Mr Donald said he would write to Mr Williamson of the production team to express our appreciation. ...

The Squibb Company had been very discreet with regard to advertising, there was only one panel of the exhibition which mentioned their name. (fig.12.3)

List of places at which the Exhibition was shown:-

1970	June	West Middlesex Hospital, London
	July	Guy's Hospital, London
	July	Kings College Hospital, London
	Aug.	Royal Northern Hospital, London
	Sept.	Newcastle University
	Oct.	Glasgow University
	Nov.	Edinburgh Royal Infirmary
	Nov.	Dundee University
	Dec.	Liverpool University
1971	Jan.	The General Infirmary, Leeds
	Jan.	Manchester Royal Infirmary
	Feb.	Wythenshawe Hospital, Manchester

THE EIGHTH EXHIBITION 1972

This was discussed at the 23rd AGM held on 22 April 1972.⁴⁰

... Mr Cull said that the Association of Pharmaceutical Industries had proposed sponsoring an Exhibition of Medical Art, Medical Photography & Audiovisual Aids. This was to be held in September in the Royal Exchange. It was to be a major Exhibition & open to the public. He thought the Association should contribute to this & it had been suggested that with some modifications, the exhibit prepared for the 21st Anniversary Conference might be shown. ...

Treadgold, who was known to the sponsors, was asked to design and organise it. The exhibition was on show for two weeks, but no further reference was made to it.

THE NINTH EXHIBITION 1978

Five more years were to pass before another Exhibition was contemplated, and it was so far the most ambitious.

Named "THE MEDICAL PICTURE SHOW", it included

The Urban & Schwarzenberg Collection of Medical Illustrations since 1896.

At an Executive Council Meeting held on 2 December 1977⁴¹, Donald, Past-Chairman, told the members that:-

... the famous Collection of German Medical Illustrations was being made available for exhibition through IMBI. The Science Museum had allocated 6,000 sq.ft. for its presentation and assistance had been promised by their exhibition and publicity teams.

The exhibit would be on view for three months and it had been decided to combine it with a display of modern medical illustration. Mr Donald had been asked to collect and select the modern work which would include graphic, photographic, ciné and television etc.

This combined exhibition, initially publicized by the use of posters, would also have T.V. and press coverage. Mr Donald said it would be the means of "putting medical illustration on the map" and he would be writing to members asking them to supply suitable material. ...

The Urban & Schwarzenberg Company, founded in 1866, began publishing medical books in the 1870s. The Collection contained some of the superb anatomical and histological drawings and paintings by a group of German medical artists working before and after World War II. Their works were reproduced in the following books:-

Carl Toldt's Atlas of Anatomy for Students and Physicians, 1896-1900, with illustrations by Fritz Meixner and engravings by Matolony of Vienna.

The Atlas of the Descriptive Human Anatomy, by Carl Heitzmann, with illustrations by B. Keilitz and engravings by Ferd. Fronig of Vienna.

The Atlas of Descriptive Human Anatomy, by Johannes Sobotta & F. Figge 1904-1907-1978, with illustrations by Karl Hajek, Franz Batke and Erich Lepier.

Topographical Human Anatomy, by Eduard Pernkopf, 1937-1960-1964, with illustrations by Franz Batke, Karl Endtresser, Enrich Lepier and Ludwig Schrott.

Donald and Archer for the MAA, and Clarke, (freelance artist), and Pat Turnbull, (Head of the Photographic Department, Charing Cross Hospital), for IMBI, worked on the presentation of the Exhibition.

Archer designed the poster which she thought was printed very badly by the Science Museum. (The Art Department at the Science Museum usually designed their own posters and they did not seem to like this being done by an outside artist, even though the Exhibition was being organised by the MAA and IMBI, outside organisations). (fig.12.4)

At the 29th AGM held on 15 April 1978⁴²:-

... Mr Donald said the Schwarzenberg Exhibition would be opened on 16th November 1978. In response to letters sent to medical illustrators concerning submission of work, only 30 replies from artists and 14 from photographers had been received. Therefore, entries in excess of a maximum of three items of work from each contributor would now be accepted for selection. Mr Donald appealed for more entries and requested that members contact others who might contribute work to the Exhibition. ...

Given the chance to exhibit at the Science Museum it is difficult to understand why only 14 of the photographers replied when the membership of IMBI in 1978 was in the region of 600 members, the majority being photographers. Eventually a larger number of artists and photographers exhibited their work.

An area on one of the top floors of the Science Museum was allocated to the organisers to store, sort, frame, label and generally prepare the works for exhibition.

The actual Exhibition was to take place in a very large gallery on the first floor. The plan was that the central part of the floor space should be occupied by stands displaying the German Collection, whilst the outside walls carried the contemporary work, two walls were devoted to artwork and two to photography and audiovisual aids, also

there were to be three glass cases containing corrosion casts, plaster casts and wax models. (fig.12.5)

By the time it was complete the Exhibition certainly looked most impressive. The Museum organised an Evening Reception for the Opening, which was performed by Professor Keith Simpson and attended by the Director, Dr Margaret Wilson. A very informative catalogue was produced by the Urban and Schwarzenberg Company.⁴³ The Exhibition was open for three months and certainly gave the Association the most public coverage it has ever had. Most of the contemporary part was kept as a world-wide travelling exhibition under the auspices of the British Council. This was organised by Clarke. Eventually, the exhibits were returned to the Royal Marsden Hospital. Those that were not collected by the artists or photographers were given to the Wellcome Institute Library. Some of the artworks were donated to the MAA.

THE TENTH EXHIBITION 1988

A few months before the MAA received the patronage of The Worshipful Company of Barbers in 1989 the Association was asked to take part in one of the 'Barbers' Evenings'. These usually consisted of a talk and a supper. The Association arranged to put on a small exhibition and Cull was asked to give a talk on 'Medical Art' on the evening of 30 November 1988, as a way of introducing the Members of the Association to the Barbers. Apparently this was the best attended evening they had ever had, and it was also a successful one for the medical artists. As time was limited Cull invited the following artists to contribute work to the exhibition.

Peter Cull, Pat Archer, Richard Neave,

Gillian Lee, Philip Wilson, Lois Hague. (fig.12.6)

THE ELEVENTH EXHIBITION 1989

The following year, the most obvious reason for an Exhibition was the Medical Artists' Association's 40th Anniversary. It was first mentioned at the Executive Council Meeting held on 13 January 1988.⁴⁴

... 40th ANNIVERSARY CONFERENCE.

The Committee are planning to meet next month, the committee consists of L. Pegus, P. Archer, M. Cooper, P. Wilson, J. Dyer, (G. Oliver and A. Wadmore to assist if necessary). The theme is a 'Review and Celebration'. ...

It was decided that Archer and Wilson should organise the Exhibition. They planned that it should start with the work of Davison and that works of, as far as possible, every member should be represented in the order and year in which they joined the Association. In this way it was possible to show a sequence of work and also the changes in emphasis on the type of work done over the period of forty years.

Artwork was collected from the departments where the retired or deceased members had been employed and a selection of contemporary works was made. The Exhibition was held in the Blackstone Room, close to the main Lecture Room in the Conference Centre at the Royal Marsden Hospital. There were 24 stands with their own spot-lights and at the time of hanging Oliver and Cull were brought in to help. 44 artists were represented by 92 mounts of drawings, paintings and models. It proved to be one of the most comprehensive and successful of the MAA's Exhibitions and it was regretted that it could not have been on show for longer and seen by a larger audience. Graham wrote a full report of the exhibition for the MAA News, July Edition, 1989.

THE TWELFTH EXHIBITION 1993

Named "A BRUSH WITH MEDICINE" this exhibition was held at the Barber-Surgeons' Hall. It had been thought by some of the artists that they ought to have another large exhibition in the near future. The occasion presented

itself when in 1992, Archer was Chairman of the MAA and the Honourable Sir Gerard Vaughan, MP, FRCP was Master of the Barbers. They had been colleagues at Guy's Hospital and it was thought that it would be rather a nice idea to celebrate the coincidence with a special Exhibition.

The Barbers are involved each year with the Festival of London and together with the other Livery Companies in the City they open their doors to the public for a few days. Most of the companies put on an exhibition, for example the Goldsmiths, Leathersellers, Glass-sellers, Glaziers and Painters of Glass are all able to show the products of their skills. The Barbers could hardly do this for the general public, but now, by allowing the MAA to put on a show of medical illustrations in their Great Hall they could enhance their own open days. It was also planned to have a lecture about some aspect of medical art on two consecutive evenings with a buffet supper for some of the Barbers and the exhibiting artists.

An Exhibition Committee was appointed consisting of the President, Brown as Chairman with members Archer and Cull. After the April AGM, the new Chairman, Marks and the Hon. Treasurer, Wilson, joined them, and later Oliver and Lee were co-opted to assist with the hanging.

It was hoped to get some sponsorship for the purchase or loan of exhibition stands. Cull undertook this task but it was left too late, because of the general economic situation, firms were not being particularly generous at the time. Cull had been hoping that one firm might sponsor the whole exhibition for which, of course, they would have received acknowledgement. Eventually, the MAA agreed to pay for the stands and the Barbers funded the evening buffets and the printing of the catalogues.⁴⁵ (fig.12.7)

Vaughan had arranged for Mr Peter Brooke, Minister for the Arts, to open the Exhibition on the afternoon of Tuesday, 6 July 1993, but he did not arrive. Vaughan himself had to stand in, and open it, and Brown made a speech. The Exhibition was open for three days and was very well

displayed. There were forty exhibitors including seven MAA Students and 150 mounts plus models in various media. Stands filled the Great Hall while the Reception Room was given over to continuous demonstrations by different artists each day. (fig.12.8)

The Barbers had been told that admission to the evening sessions would be limited, so few applied. Consequently the evening lecture, given by Richard Neave on the Tuesday and Wednesday evenings and the receptions were very poorly attended. Considering the amount of time and work it involved, the organisers would have liked the Exhibition to have been on show for much longer, but the Hall is hired out for other functions. Unfortunately by the time the London public had heard about it the Exhibition was over. A booklet obtained from St Paul's Information Centre seemed to be the only form of publicity.

It was suggested that the MAA might repeat the project again in three or five years time.

THE THIRTEENTH EXHIBITION 1994

In the meantime another exhibition was planned to be held at the Guildhall, for a week, from 4 July 1994. A small area only big enough for one exhibition stand is allocated to each Livery Company able to put on an exhibition. The Barbers requested the MAA to put on a small exhibition, which would be advertised in the Festival of London Catalogue. It was left to Cull to organise it.

... LIVERY COMPANIES' EXHIBITION, GUILDHALL EC2

A wealth of history and tradition, together with the modern day activities of 87 Livery Companies and ten associated organisations will be on show at the Guildhall. This Exhibition will highlight the City Livery Companies' support for traditional crafts and trades, together with the important role they play in the newer professions, education, training and charity. ...¹⁶

It was thought that as the area allocated was so small, it would not be worth selecting work from the Membership to put on show, but rather to have an artist in attendance

to show his or her work and give a demonstration each day. Cull and Oliver volunteered to divide the time between them.

Medical artists unlike most other artists do not need to exhibit their work to gain a clientele. Once established they are usually fully occupied with work, consequently, they need some incentive to take on the extra responsibilities of an exhibition. In the early days there were two main reasons for putting on an exhibition. The first was to demonstrate to the medical profession what they could do. The second was a need for these artists, many of them isolated, to see the work of their fellow members, and to try to satisfy their striving for improvement. Some of the artists working in the mid-twentieth century did not have the benefit of an apprenticeship and were mainly self-taught. Donald, Fairfax Whiteside, Callander and Archer, were among those who were, no doubt, familiar with reproductions in textbooks, but probably at the beginning of their careers had seen very little original medical artwork.

Later there were more obvious reasons for having an exhibition and no longer a need to have such frequent ones. They began to be held as a celebration in an anniversary year, or when requested and given the facilities to do so. Considering the small number of members, some of the exhibitions have been quite extensive, the "40th Anniversary", "The Medical Picture Show" and "A Brush with Medicine" in particular.

A great deal of time and work went into staging these MAA Exhibitions, unfortunately, for very small audiences. This was partly because of the short time in which they were able to be shown and partly because of the lack of publicity. Medical artists have been conditioned to spend a great deal of time on temporary demonstrations, so in the past they accepted the situation. The Exhibitions were probably advertised in only a limited way in the medical press, through The Lancet, The British Medical Journal and

The British Journal of Surgery and privately within the profession. In the early days they probably would not have thought of advertising the exhibitions to the general public. Members seemed satisfied for the quality and scope of their work to be seen by the medical profession and themselves.

In recent years the radio and press have been notified. BBC reporters interviewed some members at the "40th Anniversary" and "A Brush with Medicine" Exhibitions for the news programmes on the radio. However, if it had been thought of, or had been possible to interest a critic in writing a report, by the time it was in the press or on the radio the exhibition would probably have been over. Members seem to have been reluctant to write about the work of their colleagues and themselves. Having made such an effort it is incredible and disappointing that over the years there have been so few reports or reviews of the MAA Exhibitions in the MAA News or JAMM. As with the Conferences, it is the Council's intention that someone should write a report, but to request someone to do so is often forgotten until it is too late.

The MAA has shown its ability to put on some extremely instructive and well organised exhibitions. The aftermath usually meant a welcome increase in demand for the freelance artist and a great influx of work for the already overloaded hospital and medical school artists. Today, the public's interest in medicine and surgery, and the medical work produced for newspapers, periodicals commissioned by the pharmaceutical companies has created a wider and more public audience for the medical artist. The younger members are keen to advertise their work; they feel the need for recognition. The medical artist of today is no longer a back-room worker confined to the hospital dissecting room, the post mortem room, the operating theatre, the wards and his studio, but is seen in the court room, in museums, on archeological sites and at scenes of disaster. The wide variety of work now being undertaken and the speed with which it can be produced,

with the aid of computers, should generate some extremely interesting work for future exhibitions.

Plans are already in hand for the 50th Anniversary Exhibition in Oxford in 1999. The overriding resolution for future Councils of the MAA should surely be that their exhibitions receive good advance publicity and are reported and recorded in detail.

EXHIBITION
OF MEDICAL ILLUSTRATION
Photography and Art in Medicine
1952



Engraving by Jan Wandelaar

From the 'Tabulae' of Albinus 1747

Presented by . . .

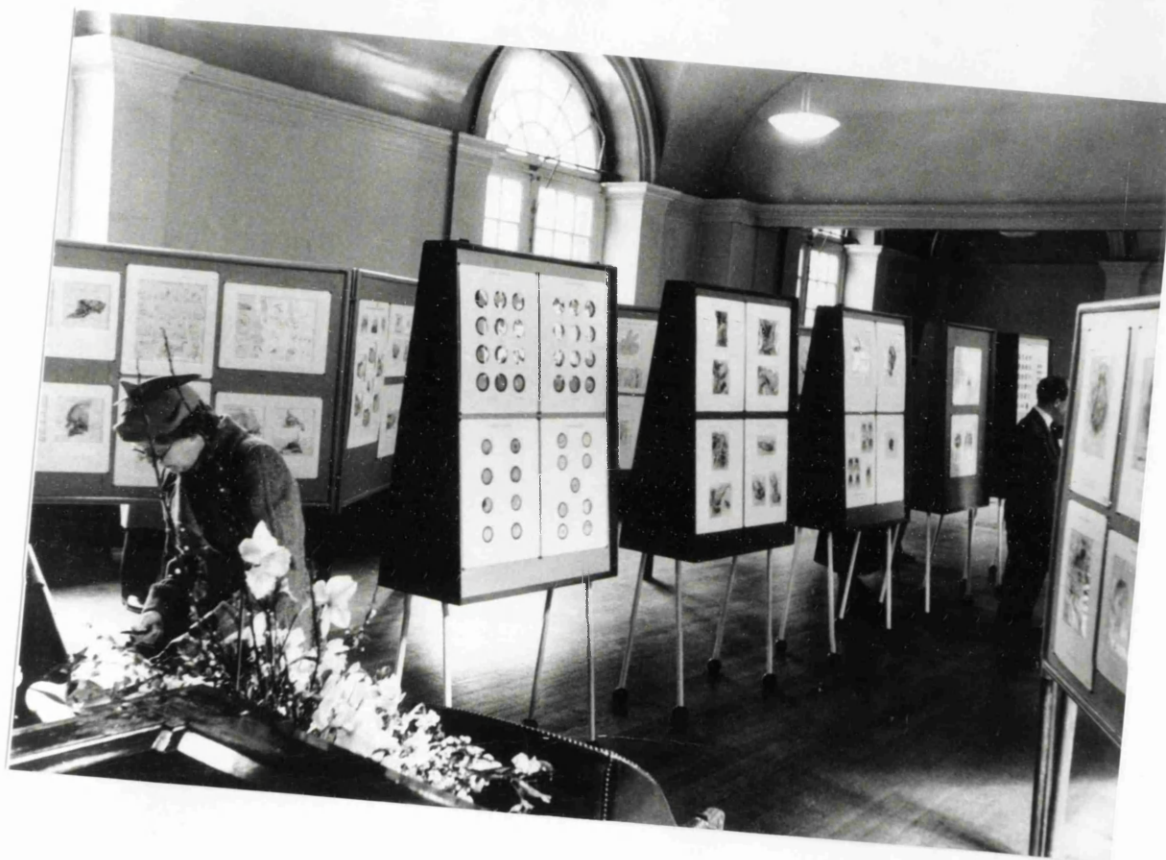
THE ROYAL PHOTOGRAPHIC SOCIETY OF GREAT BRITAIN
MEDICAL GROUP
and THE MEDICAL ARTISTS' ASSOCIATION OF GREAT BRITAIN
AT

**The British Medical Association, London and
The Medical School, University of Manchester**

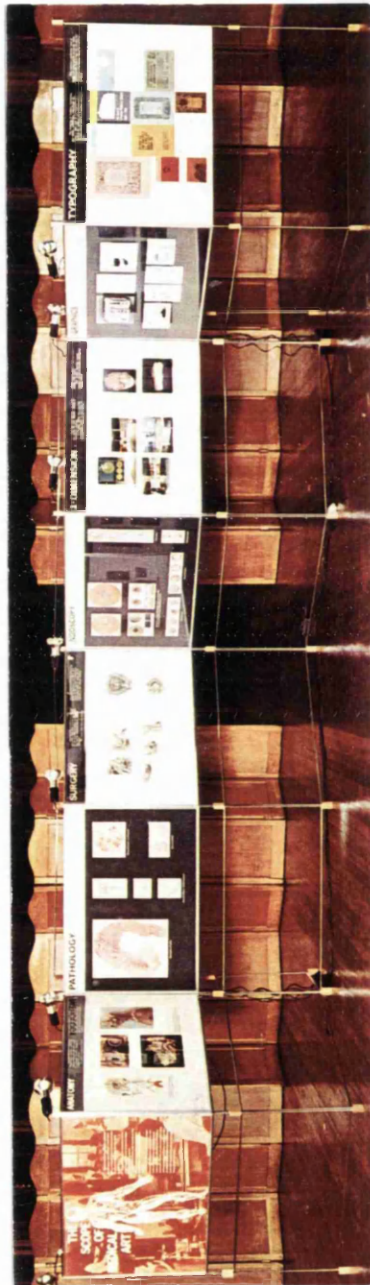
Catalogue - One Shilling

The front cover of the catalogue for the combined exhibition, "Photography and Art in Medicine", The British Medical Association House, London 1952.
The MAA Archives.

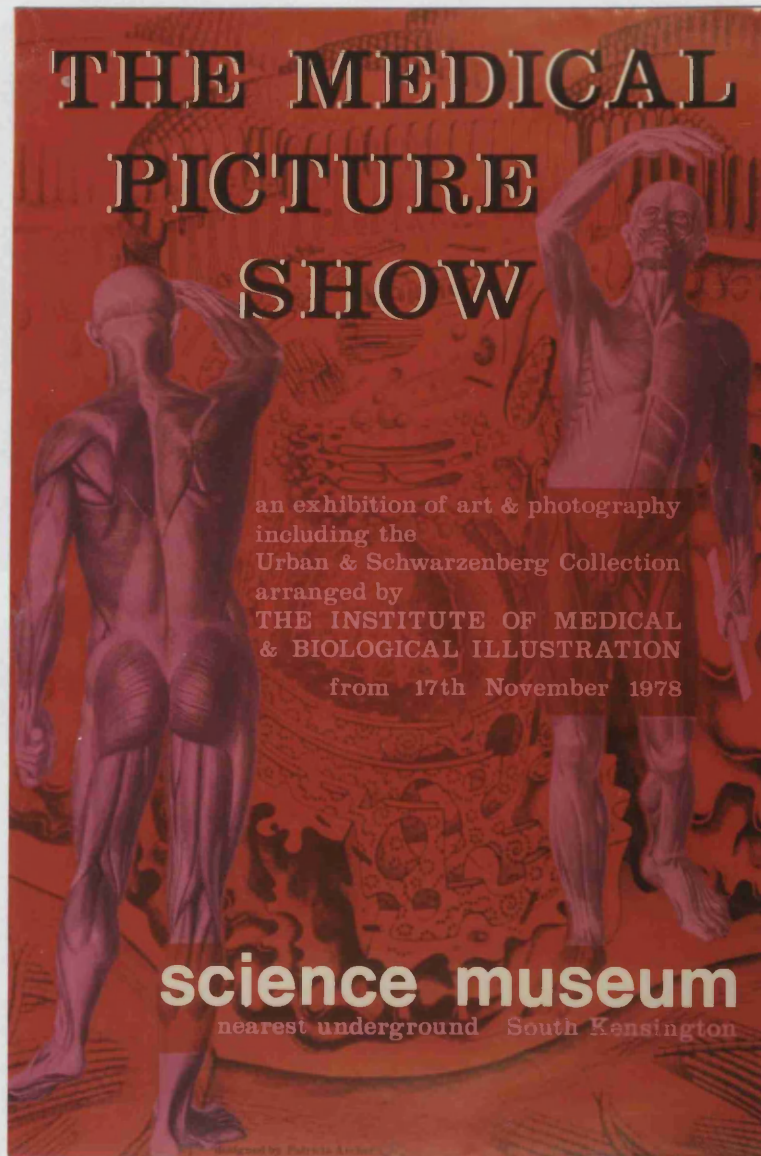
figure 12.2



View of the exhibition at The British Medical Association House, London 1955.
The MAA Archives.



Exhibition stand showing "The Scope of Medical Art" at The Royal College of Surgeons of England, Lincoln's Inn Fields, London, 1970. The MAA Archives.



Poster by Archer for the exhibition "The Medical Picture Show" held at The Science Museum, London, 1978. By courtesy of the artist.

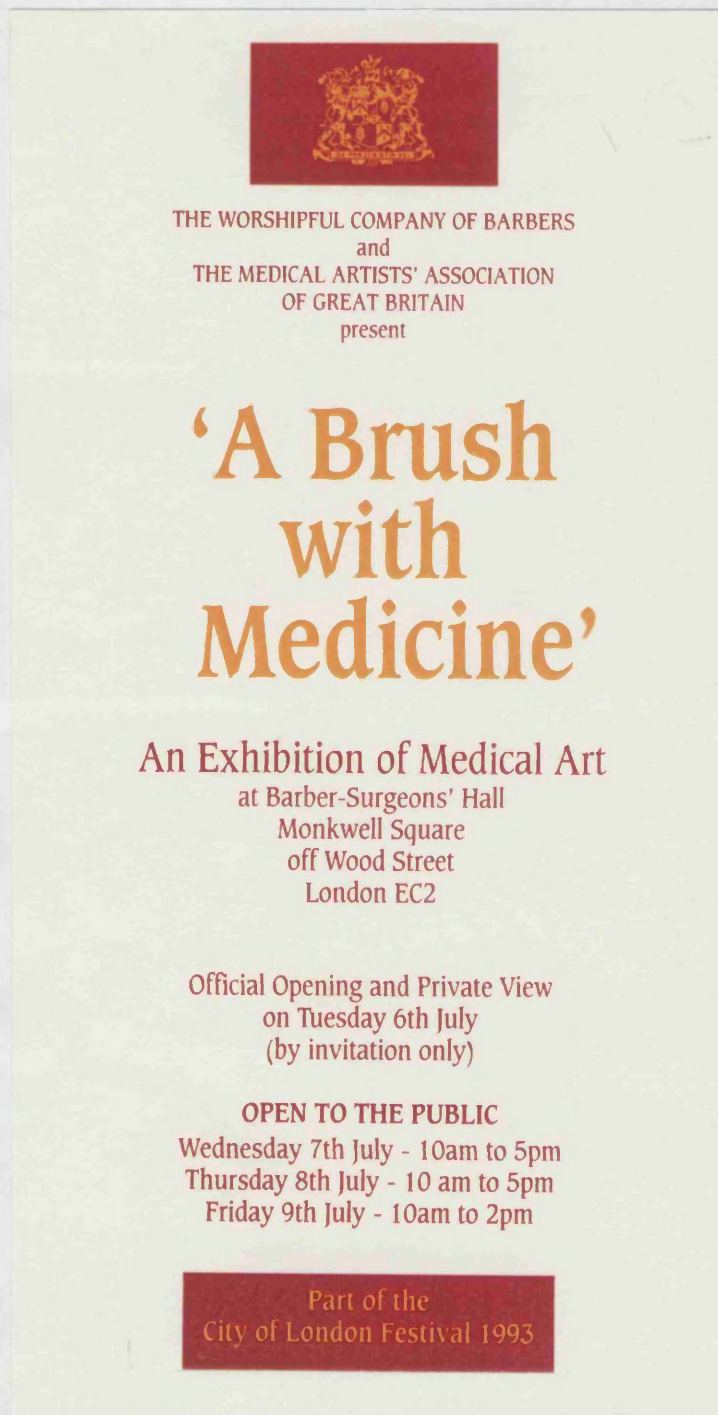
figure 12.5



Two views of the exhibition "The Medical Picture Show", held at The Science Museum, London, 1978. by courtesy of Keith Duguid, FIMI. The MAA Archives.



Exhibition stands at Barber-Surgeons' Hall, November 1988.
The MAA Archives.



The front cover of the catalogue for the exhibition "A Brush with Medicine", held at Barber-Surgeons' Hall, 1993. The MAA Archives.



Two views of the exhibition "A Brush with Medicine", held at Barber-Surgeons' Hall, 1993. The MAA Archives.

FOOTNOTES

All letters labelled PF/Lett are in the
Pink File in the MAA Archives.

- No.
1. Letter no. PF/Lett2, undated.
 2. Letter no. PF/Lett1.
 3. MAA Minute Book No.1 p.1. (Meeting at Radcliffe Infirmary, Oxford)
 4. MAA Minute Book No.1 p.6. (Meeting at RCS)
 5. Letter no. PF/Lett57a.
 6. MAA Minute Book No.1 p.13. (RCS)
 7. MAA Minute Book No.1 p.23. (RCS)
 8. MAA Minute Book No.1 p.29. (RCS)
 9. MAA Minute Book No.1 p.32. (RCS)
 10. Letter no. PF/Lett6.
 11. Letter no. PF/Lett69a.
 12. Letter no. PF/Lett69b (part reply, draft written on the back of Donald's letter).
 13. Clifford Shepley, 'The Development of Medical Illustration', British Journal of Urology, London, 1951, vol.23, pp.70-8.
 14. Letter no. PF/Lett72a & 72b.
 15. Letter no. PF/Lett73.
 16. Letter no. PF/Lett75.
 17. MAA Minute Book No.1 p.38. (RCS)
 18. Letter no. PF/Lett81.
 19. MAA Minute Book No.1 p.47. (RCS)
 20. MAA Minute Book No.1 p.56. (RCS)
 21. MAA Minute Book No.1 p.63. (RCS)
 22. Sir Cecil Wakeley's speech was reported in the MAA News Letter, vol.5, no.3, July 1955, pp.128-31.
 23. MAA Minute Book No.1 p.65. (RCS)
 24. MAA Minute Book No.1 p.70. (RCS)

- No.
25. MAA Minute Book No.1 p.73. (RCS)
 26. Mr (Sir) Clement Price Thomas, FRCS, (1893-1973), Thoracic Surgeon and Vice-President of the Royal College of Surgeons from 1962 until 1964.
 27. MAA Minute Book No.1 p.75. (RCS)
 28. MAA Minute Book No.1 p.84. (RCS)
 29. MAA Minute Book No.1 p.88. (Middlesex Hospital)
 30. MAA Minute Book No.1 p.91. (MH)
 31. MAA Minute Book No.1 p.95. (MH)
 32. MAA Minute Book No.1 p.97. (MH)
 33. Sir Cecil Wakeley's Opening Speech at the MAA's 1959 Exhibition printed in the MAA News Letter, No. 10 June 1959, pp.1-2.
 34. D Davison & G Donald, Editors. 'News & Notes' MAA News Letter, no.11, November 1959, pp.10-11, p.11.
 35. MAA Minute Book No.1 p.143. (Kew)
 36. MAA Minute Book No.1 p.151. (RCS)
 37. MAA Minute Book No.2 p.18. (St Anne's College Oxford)
 38. MAA Minute Book No.2 p.24. (Central Middlesex Hosp.)
 39. MAA Minute Book No.2 p.52. (St Bartholomew's Hosp.)
 40. MAA Minute Book No.2 p.70. (St Bartholomew's Hosp.)
 41. MAA Minute Book No.2 p.216. (Royal Marsden Hospital)
 42. MAA Minute Book No.2 p.225. (Guy's Hospital Tower)
 43. The Urban & Schwarzenberg Company Catalogue, a copy of which is kept in the MAA Archives.
 44. MAA Minute Book No.5 p.153. (St Bartholomew's Hosp.)
 45. Copies of the catalogue for the "A Brush with Medicine" Exhibition are kept in the MAA Archives.
 46. From the City of London Festival Brochure announcing the Exhibition at the Guildhall, London.

Chapter 13.

SOME OF THE MEDICAL ARTISTS WHO BECAME MEMBERS OF THE ASSOCIATION DURING THE SECOND HALF OF THE TWENTIETH CENTURY

Taken from Curriculum Vitae given by the artists to the author, from articles written about them, and from the catalogue of the exhibition: "A Brush with Medicine" 1993.

(in alphabetical order)

PATRICIA M. A. ARCHER Slade Dip ATD FMAA AIMI

After studying at the Slade School of Fine Art at the Ashmolean Museum in Oxford and University College, London, and receiving the Slade Diploma of Fine Art, she went on to the London Institute of Education, where she gained the Art Teacher's Diploma. Her career in medical art began at Moorfields Eye Hospital in the City of London. At the Slade she had met Joy Brand who showed her the paintings she produced of pathological and other conditions of the fundus of the eye. For Archer, this was a completely new branch of artwork, and it looked extremely interesting.

In 1948, Moorfields was in need of an extra artist, and Brand invited Archer to visit the hospital and try her hand at an ophthalmic painting. Under Brand's instruction she produced several paintings which the hospital bought for their collection. She continued to work at the hospital in a freelance capacity, and also as a part-time teacher. However, one of the consultant surgeons who also worked at the (Royal) London Hospital invited her there to record the eye conditions of some of his patients; she met and worked for several other physicians and surgeons at that hospital. They decided that it would be better to have a full-time artist on the medical school staff (they had not had an artist since Arnott left at the beginning of World War II). She was offered the post at £300 per

annum. It so happened that Moorfields had also made the same decision. An offer of a full-time post was made to Brand but she refused it. It was then offered to Archer at £350 per annum. Wishing to widen her range of medical work she accepted the post at the (Royal) London Hospital and became a member of the MAA in 1951 by examination.

She spent eight years in Whitechapel gaining experience by producing a variety of work. In 1957, when statistical work in form of charts and graphs began to overwhelm most medical artists and with no assistance forthcoming she took the post of Medical Artist at the Maxillo-Facial Unit at Basingstoke, where she worked with Sir Harold Gillies and his colleagues, specializing in plastic surgery, oral surgery and burns. In 1959 the unit was transferred to Queen Mary's Hospital, Roehampton. In 1964, she applied successfully for the post of Head of the Department of Medical Illustration at Guy's Hospital Medical School, eventually gaining Honorary Lecturer Status. The department became one of the leading centres in the country for the training of medical artists. She trained sixteen of the medical artists practising in this country in 1997.

At Guy's, most of her time was spent on administration and teaching duties. However, she illustrated or partly illustrated many textbooks of medicine and surgery including Conybeare's Textbook of Medicine and various volumes of Rob and Smith's Operative Surgery.

Apart from the first exhibition in 1950, she has exhibited work at every MAA exhibition since. She was on the organising committee for most, including "The Scope of Medical Art", for the 21st Anniversary, in 1969, the exhibition at the Royal Exchange in 1972, the "Medical Picture Show" at the Science Museum and for which she did the poster in 1978, the 40th Anniversary Exhibition at the Royal Marsden Hospital in 1989 and more recently the 1993, "A Brush With Medicine" exhibition at the Barber-Surgeons' Hall in London. Archer has been either the chairman, or a

member of the organising committee for ten Conferences over 25 years and, she was advisor on design and planning to the Kings Fund Centre from 1973 until 1975.

In 1976, Archer was a member of the 250th Anniversary Celebrations Committee at Guy's under the Chairmanship of Lord Brock. Archer and her department organised and produced a very comprehensive historical exhibition on the 250 year history of Guy's and twelve scientific exhibitions. Most people, staff and visitors, wished they could have remained on show for much longer than the three days allotted, none more so than the artists who worked on them. On the first day of the celebrations the department was honoured by a visit from Her Majesty Queen Elizabeth II.

Archer was appointed Honorary Secretary of the MAA from 1964 until 1968, a Tutor on the Training Scheme from 1964 until 1983, a Member of the Education Committee from 1964 until 1997, Chairman of the Committee from 1976 until 1984, and a member of the Board of Examiners from 1970 until 1997. She was elected Vice-Chairman of the MAA for the period 1977 until 1980, Chairman of the MAA from 1984 until 1986 and again from 1990 until 1993 and Vice-Chairman in the intervening years 1986-1988, 1993-1995 and to take Mark's place from 1995 until 1999. Archer was instrumental in forming the Institute of Medical & Biological Illustration (IMI) in 1968 and was a Member of Council, the Education Committee and the Qualifications Board during the 1970s. She was appointed an Assessor in Medical Art for the Department of Health and Social Security in 1976. In 1969, she was made a Fellow of the Association and in the same year a Founder Member of IMBI (IMI) and in 1975, she was accepted as a Member of the Association of Medical Illustrators, USA. In 1986, she was appointed the first Archivist to the MAA.

Archer took early retirement in 1983, and in 1997, she remains on the MAA Retired Members List. (fig.13.1, 2 & 3)

JANE DE VERE ASTA ATD

She was appointed Medical Artist to the Department of Anatomy, at University College, London in 1948 and became a Member of the MAA in 1958, under the Eight-year Clause. During her career she did many illustrations for J. Z. Young, the zoologist and his books on human anatomy. She retired in 1981 and since then she has concentrated on child and animal portraits, helping with various charities and with her husband, Val Asta, keeps an antique shop in a village in Buckinghamshire. In 1997, she remains on the list of Retired Members.

VAL K. ASTA

He was appointed Medical Artist at University College Hospital Medical School in 1948 and became a Member of the MAA in 1958, under the Eight-year Clause. He was a Member of the Education Committee and an Examiner for the MAA Training for a short time in 1963, after which he became a Tutor on the Course. His work consisted mainly of statistical graphs and charts. The students spent approximately three weeks in his studio producing hand-drawn work. He retired in 1981, since then he has been able to work on his other interests - clocks, and the antique shop which he shares with his wife, Jane de Vere Asta. In 1997, he remains on the MAA Retired Members List.

MARY BENSTEAD

She became a member of the MAA in 1960. It was reported in the News Letter no.19 November 1966, that she was working in the dissecting room at the Medical School with Professor Romanes, to extend her knowledge of anatomy. In the same year she wrote Planning Dental Illustrations for the British Dental Journal 17th May & 7th June 1966. She resigned from her membership of the MAA in 1974.

AUDREY BESTERMAN FMAA

She attended the Byam Shaw School of Art from 1937 until 1939, under Ernest Jackson. At the end of two years of study she joined the London Ambulance Service and spent

four years, first as an Auxiliary under Civil Defence, then with the Regular Service Accident Branch in 'B' Station, Bloomsbury. From 1943 until 1946 she studied at the Royal Free Hospital School of Medicine and successfully completed both 1st MB and 2nd MB. In 1945 the hospital was bombed and she became one of the first female medical students at Guy's Hospital. However, she gave up medicine for marriage, and it was not until 1954 that she decided to take up art again. In choosing medical art she could make use of her medical knowledge. It was suggested to her by Professor Ruth Bowden that she should contact Treadgold in the Department of Medical Illustration at Guy's Hospital Medical School. This she did and spent a year as an apprentice in that department. There were two other artists there at the time, Pamela Carter and Mary Waldron. Professor Bowden arranged an introduction to the editor of the nursing and medical books at Faber & Faber, Jean Cunningham, who gave her a commission. She continued to work in a freelance capacity for them and other medical publishers until her retirement.

For thirteen years, from 1975, Besterman illustrated a 4-page supplement appearing monthly in the Nursing Times called, 'Systems of Life', to accompany a text by Dr Anne Miller and Dr Anne Roberts. She also worked with Roberts on The New Faber Anatomical Atlas which was published in 1987. Besterman became a Member of the MAA in 1967, withdrew in 1968 and renewed membership in 1973. She became the the 3rd Honorary Secretary of the Education Committee from 1980 until 1988, and Correspondence Secretary from 1988 until 1990. In 1983 she was awarded the Fellowship of the MAA. She retired in 1990 and resigned from Membership in 1993.

ANDREW BEZEAR MAA

He was employed first, at Queens Medical Centre, Nottingham and then at St Bartholomew's Hospital, London. In 1976, while working in Nottingham he enrolled as an In-post Student on the MAA Training Course. He left

Nottingham to take an assistant post at St Bartholomew's Hospital and became a Member of the MAA in 1986. He then proceeded to an in-house post at a Medical Publishers in Guildford. Since 1988, he has been self-employed as a freelance illustrator working from his studio in Godalming, Surrey. He is particularly interested in the design/conceptual aspect of illustration and looking at the human body from unusual angles. He works in watercolour, crayon, airbrush and line.

JOY BRAND (née Trotman) BA MAA

She began her career by taking a degree in languages at the Royal Holloway College, London, but because she had always been interested in biology and being a skilful artist she sought a profession which might combine the two interests. Her first contact was with her friend and teacher, Hewland, who suggested that she might approach Barber about an apprenticeship. It was 1943 and Barber was unable to have an assistant owing to lack of funds. Barber advised her to contact Arnott, but unfortunately she was unable to provide any help. Brand then applied to Moorfields Eye Hospital. The Superintendent, a surgeon, took her on. She was employed there for many years, gaining her experience in-post. For four years she combined her work with part-time study at The Slade School of Fine Art. In 1950 she applied for membership of the MAA and after submitting a wider variety of work than the ophthalmic she specialised in, she was successful. However, ophthalmic work became her speciality and during her career she produced very many beautiful paintings of eye conditions. She also worked on a freelance basis for surgeons at other hospitals including Mr Ronald Raven at The Royal Marsden Hospital. She gradually gave up medical work to concentrate on marriage, a family and her own creative paintings which she exhibits in London and Amersham. In recent years she has taken up lithography and print-making.

MARGARET BRAND MAA

She studied at the Reigate and Redhill School of Art, followed by the postgraduate course in medical illustration in the Department of Medical Illustration at Guy's Hospital Medical School from 1960 until 1961. Subsequently she worked as an assistant medical artist in the same department from 1962 until 1969, and became a Member of the MAA in 1969 by means of the Eight-year Clause. Brand has always been particularly interested in illustrating diseases of the ear, nose and throat. (fig. 13.4).

In 1969, she left Guy's to concentrate on her own creative work which includes still-life, landscape, animals and expressionism. Her illustrations have been reproduced in numerous medical and scientific books and journals. She exhibits in London and in provincial galleries including the Royal Academy and the Royal Society of Miniature Painters. In 1997, she completed a mural in mosaic for the Roman Catholic Church of the Sacred Heart at Caterham-on-the-Hill, Surrey. In 1997, she remains on the MAA Retired Members List.

MARY BROWN FMAA

After her art school training in Liverpool, she taught art for five years. Somewhat frustrated she took a secretarial course and a post as a temporary medical secretary to Professor P. R. Allison in the Department of Surgery at Leeds Royal Infirmary, which led to her immediate interest and new career in medical art. In 1947, she gave a talk on Medical Art on the BBC Programme "In Town Tonight". After she attended the first meeting of the MAA in Oxford in 1949 she was made a Founder Member of the Association and worked as a medical artist for 28 years. She spent the first 11 years working with Professors P. R. Allison and J. T. Ingram, and also illustrated Professor J. C. Goligher's book, Surgery of the Anus, Rectum and Colon. For the last 17 years, she was employed as Medical Artist to the University Department of Surgery in Leeds. She

chose to attend the Medical Student's Course in anatomy at Leeds to gain a wider knowledge of the subject. Brown also produced many water-colour drawings of dermatological conditions. In her spare time she painted a mural for the Department of Thoracic Surgery called, "A Thumbnail Sketch of the History of Medicine". In 1961, Mary Brown visited America to deliver a lecture on "Medical Art in the UK", she remained there for one year, having been given leave of absence from her department to take a temporary appointment in the Department of Medical Illustration in the University of Washington, Seattle. In 1964, she returned to give a paper at the meeting of the Association of Medical Illustrators in Los Angeles. Later, she was elected a Member of the Association of Medical Illustrators, USA and, in 1969 and 1970, she was listed in the British National Bibliography as a Medical Illustrator. She was appointed Honorary Secretary of the MAA from 1968 until 1972 and hosted the first MAA Conference to be held out of London, at Leeds in 1967. In 1969, she was made a Fellow of the Association.

For many years she designed and painted the scenery for the Sister's Pantomime at Leeds General Infirmary. Since retirement in 1972, she has had seven solo exhibitions of portraits, flower studies and other subjects, four of which have been in the Municipal Galleries. For six years, she served as Secretary of Leeds University Staff Art Society. In 1997, she remains on the MAA Retired Members List. (fig.13.5)

JOANNA CAMERON (Mrs Rutherford) BA(Hons) MMAA

A full-time student of the MAA based at St Bartholomew's Hospital in 1985, she qualified in 1987 and became a Member of the MAA in 1988. Her career has been built up over the last eight years as a full-time freelance illustrator, concentrating mostly on medical work. Her work encompasses all medical areas, specializing in watercolour and line work illustrations and she also undertakes the occasional requests for drawings of

botanical and natural history specimens. In recent years, she has worked on a flexible part-time in-house basis for Dorling Kindersley Publishers, preparing and commissioning artwork for medical projects. This in turn has opened up areas of computer generated artwork. She is at present gaining experience on Apple Macintosh Illustration Programs.

HELEN CARRUTHERS HND MAA AIMI

After three years study at Blackpool and the Fylde College of Further Education from 1986 until 1989, she received the B/TEC Higher National Diploma in Technical and Scientific Illustration. Since 1989, she has been employed in the Department of Medical Illustration at the Withington Hospital, Manchester. In 1992, she registered as a In-Post Student on the MAA Postgraduate Course in Medical Art and gained her diploma in 1997. In the same year, she became an Associate of IMI. Carruthers, was a member of the Conference Planning Team at the University of Manchester in 1993 and at the University of Sheffield in 1995. In her department, she is involved in the production of booklets, leaflets, letterheads, logos and all types of graphic design. Recently, she has been experimenting with computer generated medical illustrations. (fig.13.6).

JACK BRIDGER CHALKER ARCA RWA HonFMAA

He was awarded a scholarship to Goldsmith's College in 1936 for three years, to be followed by one year at the Royal College of Art, but he was unable to take up his studies owing to the outbreak of World War II.

Many of his earlier drawings were made while he was a Prisoner of War. He served in the Royal Artillery (Field) in the Far East and was captured by the Japanese in Singapore. He was put into a concentration camp at Changi, before being moved to a labour camp in Singapore Town for four months where he began to make the first of the prison drawings. A few notes were made on the train journey up to Thailand and the remainder were produced in the jungle

working camps and sick camps on the Thailand-Burma Railway Project. About 120 drawings and notes were hidden and smuggled from camp to camp with the help of Sir Edward (then 'Colonel Weary') Dunlop of the Australian Army Medical Corps, to whom so many of the prisoners owed their lives. Many of his illustrations have been used for official Military and Medical War History Records. He was released in 1945 and was attached to the Australian Army HQ, Bangkok as a war artist to complete drawings for the official records. Some of his work was sent as evidence to the Tokio War Trials.

In 1946, he took up his scholarship at the Royal College of Art. On leaving in 1949, he was appointed Director of Art at the Ladies College, Cheltenham with the concurrent post of Painting Tutor at Cheltenham College of Art. In 1950, he was appointed Principal at Falmouth School of Art, an entirely new school to be established and developed. From 1952 until 1958, he was Art Advisor for the County of Cornwall. In 1958, he moved to Bristol to become Principal of the West of England College of Art and Lecturer in the Faculty of Education at Bristol University, and in 1969, The West of England College of Art and Design was incorporated into the newly formed Bristol Polytechnic as the Faculty of Art and Design; Chalker was appointed Dean of the Faculty. From 1995 until 1997, he was appointed the University Consultant in Art to Birmingham University. His war drawings have been exhibited in the Far East, Australia, Holland as well as at the Dixon Gallery, London University at the time of the launching of Sir Edward Dunlop's War Diaries.

In 1951, Chalker was elected a member of the Royal Society of British Artists and a full member of the Royal West of England Academy. Since the war, he has continued to work as a painter, freelance illustrator, University lecturer and anatomical modeller, and he has produced a wide range of work on paediatric and general surgery, anaesthetics, organ transplantation, immunological concepts, intensive care and pain relief in line and colour for books and

papers. He has written articles on his work for journals and newspapers and worked on films in Australia and the UK. From 1992 until 1995, he joined the team of "Limbs and Things" to produce models for clinical training. In 1994, his book Burma Railway Artist was published in Britain and Australia, and in the same year he was made an Honorary Fellow of the MAA. (fig.13.7)

ANGELA CHRISTIE (née Botting) MAA

Following four years at Art School she was employed by Sandersons, the wall paper manufacturers and then by a technical drawing studio. It was at that time, in 1968, that she discovered medical art as a profession and applied for a post as Assistant Medical Artist at Guy's Hospital Medical School in 1969. While there, in 1970, she became a Member of the MAA by examination. In 1973, she left Guy's to take the post of Medical Artist at Queen Mary's Hospital, Roehampton. There she was able to work in the field of plastic, oral and maxillo-facial surgery. In 1974, she left Roehampton to become freelance and to be at home with her children. Almost all her commissions come from publishers and members of the medical profession. They are primarily of operative procedures and surgical techniques, but also include anatomical and dental illustrations. Other projects include illustrations for health books aimed at educating the general public. Although the most popular technique with publishers is line work, she prefers to specialize in half-tone drawings. She also works in colour, using watercolour with an airbrush, coloured pencils and is experimenting with computer generated work. Christie regularly attends life drawing classes which she regards as an important discipline for the study of human form and anatomical structure. She has produced work for Rob and Smith's Operative Surgery, and for textbooks on embryology, sports medicine, and dental surgery. In recent years, she has been elected a Member of the Executive Council of the

MAA and in 1997 was invited to serve as a Member of the Board of Examiners. (fig.13.8)

CYNTHIA CLARKE (née Sutton), MAA AIMI, (1936-1987)

After her training at the Central School of Art, London she was keen to specialize in medical art. She did some work as a freelance artist at the (Royal) London Hospital and Professor Francis Camps prevailed upon Cull to take her on as a student when the latter was working at The Royal Marsden Hospital. Cull was reluctant at that time in the mid-1950s, as the prospects for any aspiring medical artist were very poor indeed. However, his resolve was finally broken after a lunch, specially arranged by Mrs Clarke's father, for the express purpose of persuading him. Within three years of his own resignation and move to Uganda in 1956, she had succeeded to his position as Head of the Department of Medical Art at The Royal Marsden Hospital. In time, she turned to work in the freelance market again, where she gained a reputation in Britain and America working for Cunningham's Anatomy and the Saunders Publishing Company.

She was one of the organisers of "The Medical Picture Show" held at the Science Museum in 1978, and supervised its travels round the world, under the auspices of the British Council. One of the first medical artists to work in the television media, she was made an art director and worked with John Barber, freelance artist and an Honorary Fellow of the MAA, on a Channel 4 series. This formed the basis for another exhibition at the Science Museum in 1986, "The Living Body" sponsored by Kodak Ltd. and the London Standard. She was an active Member of the Institute of Medical Illustrators and held the office of Chairman from 1976 until 1978. Cull wrote in his obituary of her in 1987¹:-

... Bringing together disparate groups of specialist artists, photographers, television and audiovisual workers and encouraging them to take a joint approach to their problems is no easy task, but that is what the Institute of Medical and Biological Illustration set out to do when it was founded. Its twin objectives were, the expansion and improvement of its

service and image within medicine and the life sciences, and the gaining of recognition that had for so long eluded the profession. It was highly successful in its early years and the spirit of comradeship was strong, but then, as so often happens, failure to achieve some of its goals led to a period of introspection and disagreement between sectional interests. There is little doubt in my mind that had it not been for the statemanship, the personality and sheer hard work of Cynthia Clarke during her Chairmanship of the Institute, it is doubtful if the Institute would have survived that traumatic episode.

In 1986, she applied, successfully, for Membership of the MAA, under the 'Discretionary Entry'.

BRYONY COHEN (née Carfrae) BSc(Hons) MMAA

In 1975, she obtained a degree in zoology from Bristol University, after which she took an Advanced Studies Course in Scientific Illustration at Middlesex Polytechnic with the intention of pursuing a career in that subject. It soon became apparent to her that medical art was the best way of combining her scientific knowledge and artistic talents. She started work as a medical artist at St Bartholomew's Hospital in 1977, registered as a MAA In-post Student and qualified in 1981. In the same year she became a Member of the MAA.

At St Bartholomew's she has specialized in preparing material for teaching undergraduate medical students which enables her to use her scientific and artistic training to the full. Much of her work in the earlier years was script writing and illustrating tape/slide self-learning programmes. She produced "The Treatment of Tachycardia by Electrical Stimulation" (for postgraduates) by Professor John Camm, St George's Hospital, "Peptic Ulcer" for Dr Parveen Kumar, St Bartholomew's Hospital, part of a series of 12 programmes on "Sexually Transmitted Diseases" for Dr R. N. Thin, St Thomas' Hospital and 12 programmes on the "Endocrine System" for Professor John Wass, John Radcliffe Hospital, Oxford. Cohen has been involved in various pharmaceutical company sponsored illustration projects taken on by the department and also several exhibitions. At present she is producing a series of illustrated lecture notes on immunology for Dr Jacqueline Parkin, and

a video for patients on the rheumatic disease, lupus, for Dr David D'Cruz, both of St Bartholomew's Hospital. In the future she expects to start work on some computer assisted learning programmes on nutrition with Dr Jeremy Powell-Tuck, Royal London Hospital. (fig.13.9)

MARGOT COOPER (née Salter) MMAA AIMI

Born in Australia, she came to London in 1966 to study medical art. She registered on the MAA Training Course and studied at the Royal Marsden Hospital qualifying in 1968. She then began work as a freelance medical artist. In 1969, she worked at the RMH and at the Wellcome Museum of Medical Science with Dr Duggan the Curator. From 1970 until 1988, she worked in a freelance capacity for Kings College for four years, after which she illustrated a variety of books. In 1989, she turned the focus of her work on to three-dimensional models for use in training. She has explored the potential of new materials to simulate skin and different forms of body tissue and has developed materials and models designed for a wide range of surgical and clinical procedures, including diathermy and laser techniques, ultra-sound scanning, endoscopy and aspects of minimal invasive surgery.

In 1990, she established "Limbs & Things Ltd", a company working on the design, creation and manufacture of models and simulators for structured training in medical education. The work reflects the medical artist's training in understanding and presenting anatomical detail and medical procedures combined with advanced craft skills, materials and engineering technology. Her main clients are Undergraduate Medical Schools, Postgraduate Departments, Training Centres and corporate clients, such as pharmaceutical companies, manufacturers of surgical instruments and products for surgical procedures. In 1994, a pilot programme of six minor surgery workshops based on the use of models was established with Roger Kneebone and the Royal College of General Practitioners, the Royal College of Surgeons of England and of Scotland and the

Royal College of Dermatologists. These minor surgery training courses continue especially with a view to train the trainers. She has lectured on her work in London, Glasgow, Milan and Orlando. Cooper has been a member of the MAA Council and the Education Committee from time to time. In 1994, she received the Frank Netter Award by the Vesalius Trust for Visual Communications in Health Science and the IMI Afzal Ansary Gallery Award. In 1995, she was elected President of The Association of European Illustrators in Medicine and Science, (AEIMS) which was founded in 1985 in Strasbourg, France. In 1997, Cooper was awarded the Fellowship of the MAA.(fig.13.10)

PETER COX RDD MMAA

He was employed by the Frenchay Hospital as a medical artist in 1979, and was advised to register as an In-post Student on the MAA Training Course. He gained his Diploma and Membership of the MAA in 1983. In 1986, he decided to work as a freelance illustrator.

He illustrates all aspects of medical, surgical and scientific work as well as the conceptual and diagrammatic. Line work is a particular specialization although he frequently undertakes half-tone and full colour work. His illustrations are reproduced in surgical, dental and nursing textbooks, journals and magazines. Some of his work is used for the education of the patient and general public. He works for the major medical publishing companies in the United Kingdom and Germany, hospitals, pharmaceutical companies and advertising agencies.

SUSAN DARRINGTON MMAA

The first student to be taken on the St Bartholomew's Medical College Course from 1989 until 1991. She became a member of the MAA after successfully completing the course and has returned to Australia, her homeland, to work as a free-lance medical artist. She won the Butterworth Heinemann Prize in 1991 for medical artists under the age of thirty-five years, given for the first time that year in memory of Robert N. Lane, the freelance artist who

worked for the company for many years. The prize was worth £500.00 plus the guarantee of some freelance medical work on which she is engaged in Australia.

PAUL DARTON, NDD MMAA

He studied at the Camberwell School of Arts & Crafts from 1961 until 1965. On gaining his National Diploma in Design he worked for two commercial art studios, Pearce Signs and the Goldstar Publications. In 1968, he trained as an Operating Theatre Technician at Dulwich Hospital, at the same time doing freelance artwork for books and slides. In 1970, he became a full-time student on the MAA Course at Guy's Hospital Medical School. He gained his Diploma in 1972 and became a Member of the MAA in 1973. On leaving Guy's he took posts as a Medical Artist at the following hospitals; Northwick Park Hospital, 1972-1974, St Bartholomew's Hospital, 1974-1977 and the Middlesex Hospital Medical School, 1977-1982. He was offered the post of Head of The Medical Illustration Unit at the University of Hong Kong in 1982, which he accepted, and spent the next nine years there producing a great variety of medical artwork. He has worked for many medical publishers including Butterworths, Churchill Livingstone, Macmillan Press, Edward Arnold, the Academic Press and the Hong Kong University Press.

It was while he was at St Bartholomew's Hospital in 1975 that he was asked to prepare some drawings to illustrate the Moorgate tube disaster, for which he won the IMI Keith Simpson Editorial award. The illustrations were initially intended to assist in the post-incident investigations. 'Death Ride Under London' by Peter Brown was published in The Reader's Digest in 1976 and Darton wrote his article 'An Illustrative Reconstruction of the Moorgate Tube Train Disaster for JAMM in 1978. In 1989 it was the subject of a poster presentation at the 6th World Congress on Emergency and Disaster Medicine held in Hong Kong. (fig.13.11)

PATRICK ELLIOTT BA(Hons) ATC MAA AIMI

His career began as a student at the Central School of Art where he studied Graphic Design for his BA from 1969 until 1971. He spent the next year at the University of London Institute of Education where he gained his Art Teacher's Certificate. In 1972, he became a MAA Full-time student in the Department of Medical Illustration at Guy's Hospital Medical School. In 1974, he received his Diploma, was invited to join the staff and was appointed Senior Medical Artist. In 1977, Elliott joined a Media Resources Officer Training Course at Wandsworth College. In the same year he applied, successfully, for the post of Head of Graphics at the Royal Hallamshire Hospital, Sheffield, where he hoped to develop and expand the professional scope of medical illustration into new areas. His preference is for the production of accurate, informative illustrations in line, but he is able to produce drawings in full colour and half-tone, when required. In the field of surgical illustration he has specialized to some extent in vascular and hand surgery, and has produced many illustrations for the medical publishers, Butterworth Heinemann.² He has also illustrated books on anaesthetics, trauma, abdominal, urological, gynaecological, plastic, orthopaedic and ENT surgery. He organised two of the MAA Conferences held in Sheffield, the 31st in 1980 and the 47th in 1996. He was elected to the MAA Council in 1996.

RAYMOND EVANS BA(Hons) MAA

An MAA full-time student who qualified in 1988 after two years study at The Unit of Art in Medicine, The Medical School, Manchester. In the same year he was offered the post of Medical Artist at the King Khaled Eye Specialist Hospital at Riyadh, Saudi Arabia where he stayed for two years. He became a Member of the MAA in 1989 after the statutory one year in-post for full-time students. On his return to Britain, in 1990, he took the post of Assistant Medical Artist at Manchester University, and in 1995 was employed by the School of Biological Sciences where he is

in his second year of research into Developmental Biology for a PhD degree. His techniques are wide ranging, from air brush and all aspects of painting to black and white line work for book and brochure design. The department in Manchester specializes in three-dimensional model making and especially head reconstruction. He has been involved in a number of national and international exhibitions of their work. He has also contributed to the planning of the training course for medical artists to MSc and recently to MPhil level at Manchester University, now running into its fourth year. On a freelance basis, he specializes in designing medical teaching material and is collaborating on the production of a regional diabetic teaching package. He is also engaged in illustrating a number of textbooks on anatomy and surgery.

K. JOY GRAHAM FMAA

In 1945, she started her training to become a nursery school teacher at the Gloucester and Bristol Teacher's Training College. While studying child development, from nought to five years, the students were asked to write a thesis of their own choice. She chose the development of the embryo up until the time of birth. Her study was limited as the only book which was of any use to her was Human Embryology by Hamilton, Boyd & Mossman. When she came to illustrate her thesis she contacted the Anatomy Department Medical School in Bristol with a view to drawing some preserved fetuses. On seeing her sketches Professor Yoffey asked her if she had ever considered becoming a medical artist. The seed was sown.

After four years teaching she decided to contact Shepley concerning his course of training in Medical Art in Edinburgh. It seemed an impossibility to do a three-year course at that stage but fortunately she was awarded a Mature Student's Grant and was able to join the school from 1952 until 1955. In September, that year, she was offered a post by Donald in Glasgow. After six years working there, mainly for Professor Illingworth, she moved

south to Hillingdon Acute General Hospital where she spent thirteen years working for the Department of Surgery before taking her final post at the Queen Victoria Hospital, East Grinstead where she worked on surgical drawings and exhibits for the plastic surgeons until her retirement. In 1997, she remains on the MAA Retired Members List.

ALICE GRETENER

She worked at St John's Skin Hospital in London for many years where she built up a large and particularly interesting collection of teaching models. Little is known of her background. She specialized in three-dimensional models made in a special, secret mixture of waxes. She brought this technique with her from her native country, Switzerland and guarded it vehemently. In 1962, she retired, it is thought through ill-health.

MERLYN GUDGEON BA(Hons) MMAA

Born in St Andrews, Scotland, she studied Fine Art at Grays School of Art, Aberdeen gaining her degree in 1992. A keen interest in both art and biology from her school-days led her towards medical art as a career. Background encouragement came from her father, an illustrator, her sister a doctor and her grandfather who was a watercolour painter. On leaving art school she was accepted as a Full-time Diploma Student at St Bartholomew's Hospital. She gained her University Diploma in 1994 and she continues to work as a member of staff at St Bartholomew's Hospital. Having come from a fine art training, her present work with computer graphics is a new experience which enables her to explore other avenues of visual representation. Her favourite media are carbon pencils and watercolour.

JENNIFER HALSTEAD (née Middleton), FMAA

From 1966 until 1968 she was employed as Assistant Medical Artist to Prentice at the Central Middlesex Hospital. She left to take a part-time post at the Royal Dental Hospital (1968-1971), which she combined with part-time work at

both the Royal Free Hospital (1968-1969), and the (Royal) London Hospital (1969-1971). She gave up the latter two posts to work full-time at the Royal Dental Hospital from 1971 until 1978. In that year, she began work as a free-lance artist and continues to work in that capacity in Reading. Her work, especially that for her late husband Beverley Halstead, on vertebrate palaeontology and anthropology, has taken her to the United States of America, Nigeria, and China. At Yale University, in 1969, her work included comparative anatomy. At the University of Ife, Nigeria she worked on a Dissection Guide Project from 1973 until 1974, and at the Institute of Vertebrate Palaeontology & Anthropology in Peking in 1979 she worked on internal anatomy. She became Honorary Secretary of the Education Committee from 1975 until 1980 and again from 1991 until 1993 when she was appointed Director of the Education and Qualifications Board. In 1994, she was awarded a Fellowship of the MAA.

R. KEITH HARRISON MMAA AIMI

Trained at Stockport Art College and the Manchester Regional Art College, in 1967, he was employed as Medical Artist rising to Chief Medical Artist at Manchester Royal Infirmary and from 1971 onwards at the University Hospital of South Manchester, Withington Hospital. He became a Member of the MAA by Discretionary Entry in 1986. An active member of IMI, Harrison was a Member of Council for 1980-1981, 1984-1987 and 1990-1993. In 1987, he was awarded the Norman K. Harrison Medal for services to medical illustration. He was a Member of the MAA Council from 1992 until 1995, Joint Conference Organiser in 1987, Conference Chairman in 1993, and Annual Conference Advisory Officer from 1993 to date. In 1995, he was elected Chairman of the Association and in 1997 and exceptionally was re-elected for a further two years. He specializes in all types of medical and surgical artwork in all media which is used for both teaching and publication in books and journals. In the course of his work he has produced cartoons depicting the day to day incidents in hospital life. He is

a Member of the South Manchester Accident Rescue Team,
(SMART)

CHARLOTTE SINCLAIR HOLT FAMI FMAA (1914-1990)

An American artist, she studied art for three years in Boston, USA and then she enrolled for a two year Postgraduate Course at the School of Medical Art, University of Illinois College of Medicine. Later, she specialised in sculpture, plastic carving and watercolour painting. From 1936 until 1955 she was associated with Frederick H. Falls and worked with him on the Visual Education Programme in the Department of Obstetrics and Gynaecology, Illinois. From 1937 until 1945 she was Associate and Instructor in the School of Medical Art, Staff Medical Illustrator for the State Department of Public Health in Illinois and a freelance medical illustrator and sculptor. Holt was a Charter Member of the Association of Medical Illustrators and served the Association in many executive roles including that of President in 1971. Holt became a member of the MAA in 1959 and was awarded the Fellowship of the Association in 1971. She remained a member of the MAA until her death in 1990. Both the AMI in America and the MAA were beneficiaries from her estate.

CHRIS VAN HUIJZEN BM FMAA

He was a student at the States' Rijksakademie van Beeldende Kunsten (Academy of Fine Arts) at Amsterdam, from 1943 until 1946. After another two years of study he received his certificate as a teacher of art and was employed as such from 1948-1950. He then became an assistant to Mrs H. L. Blumenthal-Rothschild, who it is said, introduced medical art into the Netherlands in the 1930s. Under her supervision he made some sixty anatomical drawings for the Woerdeman, Atlas on Human Anatomy, using a wash technique. In 1951, he produced a series of gastroscopic drawings in watercolour for the Internal Clinic of the University Hospital of Leiden, for postgraduate instruction. In 1952, van Huijzen became the

first medical artist to work at the Medical Faculty at Nijmegen and was given responsibility for all the non - photographic medical illustration. Eventually he became Head of the Department of Medical Art and Graphics with the assistance of four medical artists, four draughtsmen in the graphics section and a secretary. During his years at Nijmegen, he produced a wide range of work including some life-size topographical paintings of the human figure, for the medical museum. Other work consisted of fundus oculi paintings, designs for medical and scientific exhibitions, reconstructions of congenital heart deformaties and three-dimensional relations of (sub) macroscopical and microscopical structures of the central nervous system. It was while working at Nijmegen, he studied at the University Department of Medical Science and in 1960 gained his Kandidaatsexamen Medicijnen (Bachelor Degree in Medicine).

In 1971, the opportunity arose for him to change his 'management job' for a more creative one, as an audio-visual designer and scientific artist at the Department of Anatomy at Nijmegen. This change resulted, among other things, in his co-authorship, with C. S. Nieuwenhuys, on their book, The Human Central Nervous System, and with I.H. M. Van der Straaten, on their book, Inter-relational Anatomy of the Human Body. In 1968, he became a Member of the MAA and in 1986 was made a Fellow of the Association. Members of the MAA made a very memorable visit to his department and museum, when the Dutch medical artists were hosts to the MAA for their 24th Annual Conference in 1973. Chris van Huijzen retired in 1987 but is still working in private practice. In 1997, he remains on the MAA Retired Members List. (fig.13.12)

GARY M. JAMES MMAA

Born in Slough, his home was in Kenya from 1948 until 1962. In 1960, he became a student at St Martin's School of Art in London and in 1964 he became a Full-time MAA Student based at the Central Middlesex Hospital. He took

up his present post as medical artist at the Royal Infirmary, Bristol in 1966. In 1970, he successfully applied for membership of the MAA under the Eight-year Clause. The catalyst for the creation of the post was the hosting in Bristol, under Professor Athol Riddell, of the 1967 RCS Annual Meeting, so there was an early emphasis on medical posters. His work covers most aspects of medical art including the occasional video animation and model making. Line drawing comprises the back-bone of the work and cartooning has always been a speciality. He uses a photocopier to extend the range of basic line drawings into colour work and other multiple uses. In the past James has illustrated several books including

Rheumatism & Arthritis by M. I. V Jayson & A. St J. Dixon,
Fibre-Optic Endoscopy by P. R. Salmon, Modern Medicine by
A. E. Read, D. W. Barritt & R. Langton-Hewer and Basic
Gastroenterology by A. E. Read, R. F. Harvey & J. M. Naish.

In recent years his own creative work has taken over all his free time. Since 1969 he has painted in oils and acrylics 'recreationally', exhibiting at the Royal West of England Academy and the Royal Academy in London. At the end of 1997, after a successful exhibition in South Africa, he left his post at the Bristol Royal Infirmary to concentrate on his own creative work. In 1997 he remains on the MAA Retired Members List.

GILLIAN LEE (née Saunders) FMAA HonFIMI AMI

In 1961, she spent a year at the Goldsmiths College of Art. Her training in medical art began when she was accepted as one of the first two students on the MAA Training Course in 1962, based at Guy's Hospital Medical School. She gained her Diploma in 1964 and Membership of the Association in 1965. She continued to work in the Department of Medical Illustration as an Assistant Medical Artist as well as taking a part-time post at the Institute of Urology. She left in 1967 to take a full-time appointment at St Bartholomew's Hospital. In 1968, she

resigned to look after her family and work in private practice. Since then she has enjoyed a freelance career in medical, biological and scientific illustration working for many publishing houses and pharmaceutical companies in England, the Continent and the USA. All aspects of work within medical illustration are catered for in her studio including the preparation of pen and ink, half-tone, airbrush and watercolour illustrations. She specializes in anatomical and surgical illustrations in all media and she enjoys pharmaceutical, brochure and book cover design.

Her interest and desire to see surgery illustrated well, led her in 1990 to accept the freelance post of Art Editor for the multi-volume series, Rob and Smith's Operative Surgery. Each volume requires approximately 2,000 illustrations and in 1994 she had 17 medical artists working for her on this project. A new venture started for Lee in 1992 with the preparation of medico-legal illustrations for use in court. Most of this work comes from the United States of America and could not have been considered without the use of modern technology. A member of Council for many years she held the office of the 8th Hon. Treasurer from 1979 until 1985. In 1983, she was awarded the Fellowship of the MAA. In 1985, her contributions to IMI were recognised by the award of the Norman Harrison Medal and in 1992 she was awarded an Honorary Fellowship of the Association. From 1989 until 1991 she was elected the first Chairman of the newly named Institute of Medical Illustrators. (fig.13.13)

GEOFFREY LYTH BA

From 1943 until 1946, he served in the Royal Marines and saw active service in the Pacific theatre of war. In 1952, he began studying for his BA at Durham University specializing in medical art with personal tuition from Hammersley. During the 1953-1955 period he began working privately on some gastro-urological drawings for two consultants in Leeds. In 1955, he was appointed Medical Artist at The Hospital for Sick Children, Great Ormond

Street, working mostly for the Cardio-Thoracic Unit. He became a member of the MAA by examination in 1963. In 1971 he moved to the Queen's Medical Centre, Nottingham as Chief Medical Artist, where he contributed to many and various medical publications, mainly on the subject of paediatrics. Lyth was a member of the first Education Committee. He was appointed Chairman of the Committee from 1967 until 1969 and was awarded the Fellowship of the Association in the same year. He retired in 1986.

PETER VAN DER MAADEN

He studied Fine Art and Design in the Department of Commercial Art and Publicity at the Royal Academy of Arts in the Hague. In 1941, Holland was occupied by the Germans and there was little hope of finding work in advertising or publishing in a country where free enterprise was non-existent and living conditions restricted to bare necessities. After three months of idling his time, a friend asked him if he could do some illustrations of surgical operations. He wondered what such drawings could possibly be for, - he found the answer when he visited Holland's eminent neurosurgeon, Dr A. C. de Vet. They discussed some of the anatomical drawings that were required and so he took on this 'new' (since no one seemed to have heard of it) profession of medical artist.

At that time he worked only in neurosurgery, attending the operations. He became aware of the Cunningham and the Spalteholz textbooks of anatomy, but most of all he began to admire the work of Brödel. He tried to emulate his work, but gradually realized that the technique was something new and outside his experience in art. However, he had other urgent problems, the Germans began launching their horrifying V-2 missiles from the woods around the Hague. The clinic he was working in was evacuated to the Municipal Infirmary in the town centre, where he was called upon to do illustrations for other doctors, on other subjects, especially in cardiac and general surgery. In 1945, when the nightmare of the occupation was over and

everyone could feel free again, van der Maaden was determined to find out more about Brödel's Ross-board technique. Arrangements were made for him to go to Oxford for a period of study with Arnott and McLarty. He wrote³:-

... by the end of 1945 came one of the most unforgettable periods of my life ... nobody could have had more patient and friendlier teachers than I ...

On his return to the Netherlands in 1946 there was a great demand for his work, but he felt disappointed that none of the Universities was able or willing to raise adequate funds for a permanent position. The University Management Committees considered his work a luxury, so he was forced to turn to advertising and commercial art again. He worked for KLM (The Hague and London), the National Tourist Board, the Ford Motor Co., Good Year, the Royal Netherlands Air Force and many others. In 1966, the Medical Faculty of the University of Leiden required both anatomical illustrations and designs for exhibitions on a wide variety of subjects and purposes. At last he found himself in the right place at the right time. He illustrated several medical textbooks and pioneered the use of the medical exhibit or discussion panel, the 'poster'. He produced exhibits for many medical conferences and meetings, including the International Conference on Urology and the Bi-centenary of the Royal Netherlands Institute of Medicine. His work has covered many medical subjects, - heart disease, developments in neurosurgery, cancer research, ophthalmology and the history of nursing. He became a Member of the MAA in 1968, was made a Fellow in 1975 and has attended most of the MAA Conferences. He and his Dutch colleagues were hosts at the 24th MAA Annual Conference, which was held in Leiden with visits to Rotterdam and Nijmegen, in 1973. In 1997, he remains on the MAA Retired Members List.

KEVIN MARKS BA(Hons) MMAA

A full-time student on the MAA Training Course from 1979 until 1981 when he gained his Diploma and became a Member of the MAA in 1982. He set up "Marks Creative Consultants"

which specializes in meeting the needs of the medical, pharmaceutical, advertising and publishing industries. Since its launch - over a decade ago, "Marks" approach has been to integrate original concepts, creative design and exciting illustration with attention to detail and a sound professional service. Its success stems from being in touch with the continuing demands and developments of the communication industry and being able to provide complete solutions for all types of project. "Marks" experienced team possess a good knowledge of the medical sciences, in addition to the specialist copywriting, design, illustration, technology and media skills the industries demand. These combined with a reputation for versatility and reliability have established "Marks" as one of the leading medical media companies. Marks was elected Chairman of the MAA from 1993 until 1995.

ANNE McNEILL (née Brown)

After training with Shepley over a period of three years, from 1944 until 1947 which included attending classes in anatomy, life drawing and lettering she took a course in anatomy and physiology at the Heriot Watt College. During her studies she was invited by Davison to spend two weeks in the department at Manchester. McNeill became a Founder Member of the MAA in 1949. After her training she was appointed Assistant Medical Artist in the Edinburgh department where she worked with the students. She accompanied them to the dissecting room, the operating theatres and instructed them in the various techniques used in medical art. After Shepley retired, she continued to work in the department until her own retirement in 1988.

PRISCILLA MILES

Having spent four years at Edinburgh College of Art, she gained her diploma in 1956 and stayed on for a postgraduate year in 1957. On leaving art school, she worked, part-time simultaneously, as a scene painter at the Edinburgh Gateway Theatre and as a Herald Painter

Extraordinary at the Court of the Lord Lyon King of Arms. In 1960, Miles moved to Glasgow and joined the Department of Medical Illustration at the Western Infirmary under Donald, and remained there for twenty years, producing a wide variety of work. She became a member of the MAA in 1968, and retired in 1982. In 1997, she remains on the MAA Retired Members List.

RICHARD NEAVE FMAA AIMI

He trained at Hastings School of Art and started work at the Middlesex Hospital in 1957, three months after finishing his National Service in the 2nd Battalion Scots Guards. He was not employed at the Middlesex Hospital, the Dean and Professor of Anatomy at the time, Professor Walls said on his first day, "Mr Neave, you may work and study here with Miss Hewland, we shall not be asking for a fee for this privilege and we in turn shall not be paying you". It was an unofficial, unpaid apprenticeship. In 1959 he was appointed Medical Artist to the Faculty of Medicine, University of Manchester on a salary of £750 per annum, which he thought was quite good for those days. Before his appointment there was a lapse of about two years following Dorothy Davison's retirement during which time Zita Stead Blackburn filled the post, but only for about a year as she did not like it in the north of England.

In 1969, he was appointed Assistant Director in the Department of Medical Illustration at Manchester and in 1990 he became Artist in Medicine and Life Science in the School of Biological Sciences, transferred in 1996 to the Faculty of Medicine, Dentistry and Nursing. He became a Member of the MAA in 1966 by examination and was awarded a Fellowship in 1975. He was a Member of Council from 1970 until 1985, has been a Member of the Education Committee since 1980 and in 1986 he was elected Chairman of the MAA for two years. In his department, the preparation of three-dimensional models for both teaching and research

has played an important role in the development of techniques in facial reconstructions of archaeological interest. This in turn has led to an involvement with forensic medicine. Among some of the subjects reconstructed have been those of Philip II of Macedon, Lindow Man and the Kings Cross Fire Victim. More recently the subject of photo-comparison of faces for identification purposes, or 'face mapping' as it is now known has extended his work into the Courts of Law. (fig.13.14)

GILLIAN OLIVER (née Everett) MMAA AIMI

She worked with a commercial art company for four years before being employed in the Department of Medical Illustration at Guy's Hospital Medical School in 1967 where she received training in medical artwork. She became a Member of the MAA by examination in 1969. On leaving Guy's in the same year she held posts at The Institute of Urology and the Institute of Child Health before becoming self-employed in 1975. Oliver has specialized in illustrating surgical procedures in medical publications using mainly line work and half-tone techniques. A great deal of her work has been produced for the medical publishers, Butterworth Heinemann, for publication in Rob and Smith's Operative Surgery series, together with commissions from other authors on subjects ranging from acupuncture to zoology. In recent years she has undertaken production of illustrations for use in medical litigation, to enable jurors more readily to understand the medical complexities of any particular case. Since 1986, Oliver has served several sessions on the Council of the MAA, was Acting Honorary Secretary for 1992-1993 and was made a Fellow of the Association in 1994.

LINDSEY PEGUS FMAA AIMI

Born in Australia, she studied for five years at an Australian art school, after which she became a trainee at the Queensland Medical School in Brisbane where she studied anatomy, surgical anatomy, physiology and worked

in the dissecting room. She was appointed Staff Artist to the same school. In 1963, she came to England and joined the Medical Art Department at The Royal Marsden Hospital, London. In 1965, she was appointed Senior Medical Artist and Head of the Department. Since joining the hospital she has consistently championed the role of medical art in disseminating medical information. She has said: "I have sought to emphasize the importance of medical illustration to the medical profession, to demonstrate that the medical artist is an essential member of any medical team concerned with research and teaching". She became a Member of the MAA in 1966 by examination and was made a Fellow in 1975.

The Medical Art Department became a training centre for students of medical art. Wide-ranging types of medical artwork were undertaken at this Postgraduate Hospital specializing in the diagnosis and treatment of cancer including the production of wax models of skin conditions. In 1970, Pegus was one of the Committee to produce the MAA Exhibition for General Practitioners sponsored by the Squibb Pharmaceutical Company. In 1989, she was Chairman for the Association's 40th Anniversary Annual Conference held at The Royal Marsden Hospital and in 1990 she was invited by the Royal Institution (a 'first' for medical artists) to speak on Medical Art. She has held the following offices in the Association, Honorary Secretary 1972-1979, Director of Studies 1972-1984, Chairman of the Education Committee and Member of the Board of Examiners 1984-1991 and Director of the Education and Qualifications Board 1991-1993 which, under her Chairmanship, produced a new curriculum for the post-graduate qualification of medical artists. She retired in 1993 and in 1997, she remains on the MAA Retired Members List. (fig.13.15)

JEAN PERRY MMAA AMI IMI

About a year after World War II started she was evacuated to Massachusetts, USA. While studying for a zoology degree at Smith College she read about medical art in a Sunday

paper, and decided that it was what she wanted to do, as it would combine her interests in detailed drawings and medicine. She was accepted at the Postgraduate School for Medical Artists at Massachusetts General Hospital, Boston directed by Muriel McHatchie, a pupil of Brödel. Owing to problems to do with her visa she was only able to stay for a year of her two-year course. She returned to England and enrolled at Manchester University to read anatomy and to take the 2nd MB in Medicine, at the same time working part-time with Davison. After becoming a Member of the MAA in 1958, she studied medical photography and began work as Medical Illustrator for a group of six hospitals at Crumpsall, North Manchester. There, she remained for all her working life, starting alone and building up her department to a staff of five by the time she retired in 1987. She was one of the few medical artists and, the only woman, to become head of a combined department of medical art and photography.

IRENE M. PRENTICE FMAA (1924-1994)

She was awarded the Board of Examiners Teaching Certificate at Woolwich Polytechnic, in fine art drawing, in 1941. Her war service was in agriculture. In 1953, she became a Trainee Medical Artist at the Central Middlesex Hospital, Park Royal. This progressed to an appointment as a Locum Part-time Assistant Medical Artist in 1954 and Part-time Assistant Medical Artist in 1955 until 1962. From 1961 until 1963 she worked as a Locum Medical Artist at The Middlesex Hospital Medical School in Mortimer Street. On Barber's retirement in 1963, she was appointed to the post of Senior Medical Artist at the Central Middlesex Hospital and she continued with the production of endoscopic paintings for which the hospital was well known. Prentice became a Member of the MAA in 1955. She was appointed 5th Honorary Assistant Secretary from 1961 until 1967, a Member of the Education Committee from 1963 until 1964, when she was appointed Honorary Secretary of the Education Committee, an office she held until 1976. In 1965, she became an Associate of the Medical Illustrators

of America and in 1969 a Founder Member and Associate of IMI. In the same year, she was awarded the Fellowship of the MAA and in 1974 the Norman Harrison Medal. She remained on the MAA Retired Members List until her death in 1994.

ANTHONY N. ROLLASON FMAA

One of the Medical Artists' Association's own students based at Great Ormond Street Hospital, London from 1968 until 1970. His first appointment was at the University of Surrey, where he worked as a medical and graphics artist in the Department of Audiovisual Aids for two years. From there he moved to the Charing Cross Hospital where he was employed as a Medical Artist with Senior Technician status. In 1974, he decided to go abroad and accepted a post as Chief Medical Illustrator, Acting Head of Unit at the University of Khartoum, Sudan. On his return to England in 1979 he set up his own business, Medimedia Ltd. providing illustration, design and typesetting services, in Godalming, Surrey. He had to close down his firm in 1991, but he kept his personal design studio, "Rollason Design" in operation. In recent years, he has also become a travelling representative for Cooper's firm "Limbs and Things". In 1985, he became Editor of the MAA News, with the assistance of a small committee of younger members and in 1997 continues with its production. He was awarded the Fellowship of the MAA in 1989.

DENISE SMITH BA(Hons) MMAA

She became a MAA Full-time Student in 1987 based at the Unit of Art in Medicine at Manchester University where she gained her Diploma in 1990 and was accepted as a Member of the MAA in 1991. Since then she has been employed by the University as an Assistant Artist in Medicine. Her work ranges from simple line diagrams to detailed drawings and paintings with an emphasis on surgical and anatomical illustration. One of her main areas of interest is three-dimensional work. She has produced various models for teaching purposes and has also been involved in their

preparation for television and other commercial companies. She contributed to the planning of the MSc Course for the training of medical artists at Manchester University. In 1992, she was awarded the Robert Lane Prize presented by Butterworth Heinemann for a sequence of surgical drawings. Her most recent work includes jointly illustrating a book on neuro-anatomy and a number of other surgical textbooks.

TERRANCE TARRANT FMAA

He was employed by Messrs Theodore Hamblin Ltd., in their drawing department as a Trainee Ophthalmic Artist. After a year with the firm he decided to train as an optician/optical instrument technician. However, in 1948 he was called up for his two-year National Service in the Royal Army Medical Corps. After the basic training he spent the remaining period at Queen Alexandra's Military Hospital at Millbank, London. In the Ophthalmic Department he prepared eye paintings of military personnel and general graphics work for the army eye surgeons. After being demobilized in 1950, he was appointed to the post of Medical Artist to the recently formed Institute of Ophthalmology. The Director was Sir Stewart Duke-Elder and the Director of the Department of Medical Illustration was Dr Peter Hansell. Tarrant provided the art service for the medical and scientific staff at both the Institute and its associate, Moorfields Eye Hospital, until his retirement in 1984. The opportunity arose for him to take early retirement, but to continue to provide ophthalmic artwork on a freelance basis from his home. He produced all the illustrations for both Jack J. Kanski's book, Clinical Ophthalmology, 1994 and A. H. Chignell and D. Wong's, The Management of Vitreo-retinal Disease, 1996. He became a Member of the MAA in 1952 and was awarded the Fellowship of the Association in 1986 for his outstanding work in the field of ophthalmology. (fig.13.16)

JAN TINKELENBERG (1921-1984)

His career as a medical artist began in Amsterdam, where he went to improve his professional skills in this special field under the guidance of Mrs Blumenthal-Rothchild, who was working as a medical artist in the Netherlands in the 1930s. He was soon co-operating with Chris van Huijzen in the production of the three volumes of Professor Woerdeman's Anatomical Atlas. In 1950, he went to Leiden as medical and anatomical illustrator, appointed by the Faculty of Medicine and attached to the Department of Anatomy. In his Obituary Professor A. Huson wrote⁴:-

Jan Tinkelenberg never thrust himself in the foreground, he preferred to do his work in the busy and yet relaxed atmosphere of his atelier. Endowed with large intelligence and great artistic talents, he was also the keen observer for all the scientists who asked for his help in the visual documentation of their work and valued his critical comments. Tinkelenberg was not only interested in the technical aspects of how to produce a clear, unequivocal pictorial representation - which he mastered with a remarkable virtuosity, using a wide scale of different techniques and even styles - but he kept also an open mind on the didactical dimensions of modern visualisation. For this reason he did not content himself with the simple acceptance of any commission, however honorable these might have been, but went deeply into the background of the objects, preparations or procedures he was asked to illustrate. So much so that researchers will remember these, often so instructive and clarifying discussions with much gratitude and pleasure. He was deeply interested in theoretical questions of visualisation and wrote many papers on the subject. He also developed a drawing device which enabled researchers without much in the way of pictorial talents to make three-dimensional graphic reconstructions. He produced innumerable beautiful illustrations in his particular clear style for books, papers and theses, during his career, and his faculty will remember him for the many witty cartoons that he did which showed a humorous side to an otherwise academic life.

He became a Member of the MAA in 1968 and in 1984 he was awarded the Fellowship of the Association.

MARY J. WALDRON (1910-1996)

After studying, at Camberwell School of Art and Design, she went to work in fashion advertising until the outbreak of World War II. She moved to Cheltenham to work for Downtys in an Aircraft Engineering Drawing Office, as their first female draughtsman. After the war, she returned to

Isleworth, London, and was employed as Assistant Medical Artist to Treadgold at Guy's Hospital Medical School in 1948 and remained there until the early 1960s when she decided to work as a freelance artist. She collaborated with Besterman on work for the Nursing Times and other publications. During her working life she illustrated many medical textbooks and journals, and throughout her life she was an enthusiastic watercolourist, but she also worked in other media including oil paint.

ALAN WALLER BSc(Hons) AIMI

He was a MAA in-post student who registered in 1978 while working at St Bartholomew's Hospital. He gained his Diploma and Membership of the MAA in 1981. Since then, he has been employed as Head of the Graphics Section of the Audiovisual Centre at Newcastle University. The Graphics Section produces artwork and audiovisual material for the whole University and the surrounding hospitals. This can create extremely high work loads which demand fast job turn-around times. This problem was one of the reasons for introducing, in 1988, a local network of eight Apple Macintosh computers. 90 per cent of the work completed in the department is produced using these computers. Waller has found that the computer is an excellent medium for graphic design, television graphics, diagrams and some other forms of illustration. The ability to copy, edit and develop artwork files means fast production times. The one area in which he still uses a high proportion of traditional working methods is in medical artwork. He still prefers the feel of line work from a pen for any anatomical work. However, he frequently works using a traditional ink drawing as a starting point, importing it into a computer file for 'finishing off'. He has been elected to the MAA Council several times in recent years.

CAROLINE WILKINSON BSc MMAA

In 1987, she gained a BSc Hons. in Physiology at the University of Manchester and spent the next year in Adult Education studying for an 'A' level in Art. In 1992, she

was the first student to be taken on the Medical Art MSc Course at Manchester University. She gained her postgraduate degree and Membership of the MAA in 1994. Her research project was on the changes in skin colour due to ischaemia of the lower extremity and its link to surface temperature. This involved making colour sketches from life, producing photographs, watercolour work and line drawings. Her MSc Course was sponsored by "Limbs and Things Ltd" and she is involved in some three-dimensional anatomical and medical training work with this company. Since 1994, she has been employed by the Unit of Art in Medicine in the Faculty of Medicine, Dentistry and Nursing at Manchester University. (fig.13.17)

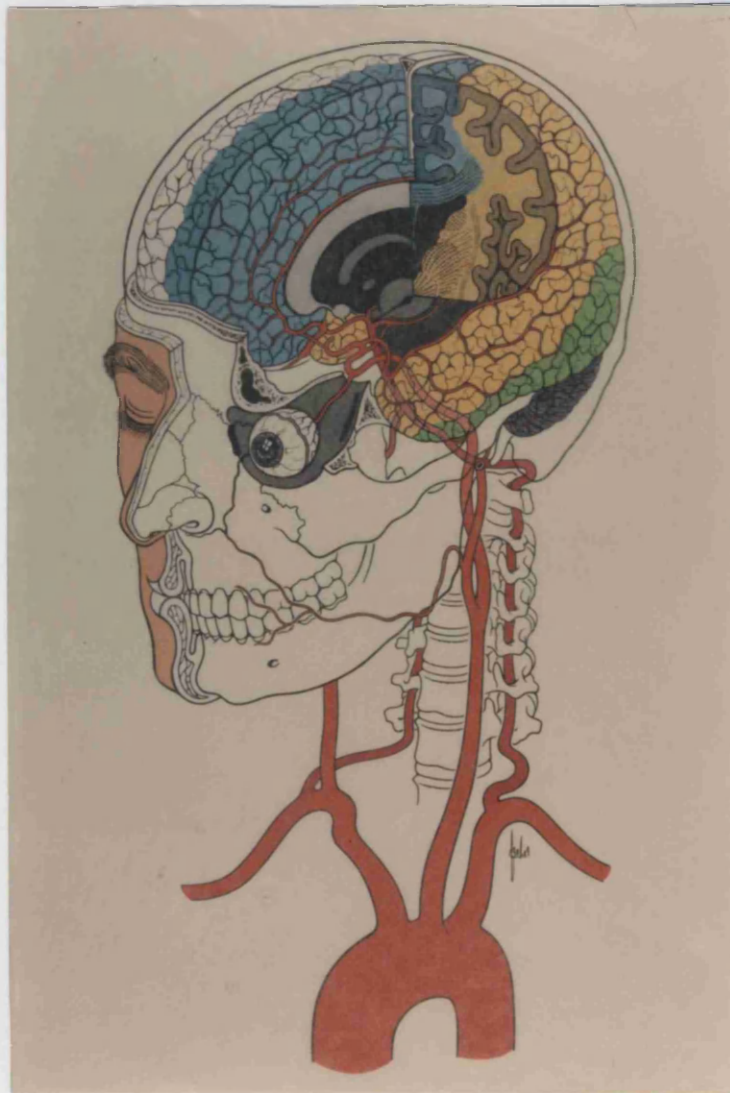
DAVID J. WILLIAMS FAMI FMAA

Professor Williams is Director of Medical Illustration and Communications at Purdue University in the United States. After graduation from Michigan State University, he studied medical illustration at the University of Cincinnati College of Medicine's School of Medical Illustration from 1968 to 1970 under the tutelage of Professor Mary Maciel, a Brödel protégé. As a student he was awarded First Prize for a professional medical illustration in the Student American Medical Association-Eaton Medical Art Contest in 1969. Following a three-year appointment as a medical illustrator at Michigan State University's College of Human Medicine, where he also completed his graduate studies in medical education, he moved to Purdue. Professor Williams is a Charter Fellow of the Association of Medical Illustrators and has held numerous offices and committee assignments in the AMI since 1973. He has co-authored and contributed the illustrations to a book on surgery, illustrated very many articles for journals and several medical textbooks and atlases. His research interests include the history of art in medicine, and he is an award-winning author on this topic and a frequently invited lecturer. He co-authored Veterinary Medicine An Illustrated History, the first work of its kind in English and which has received world - wide

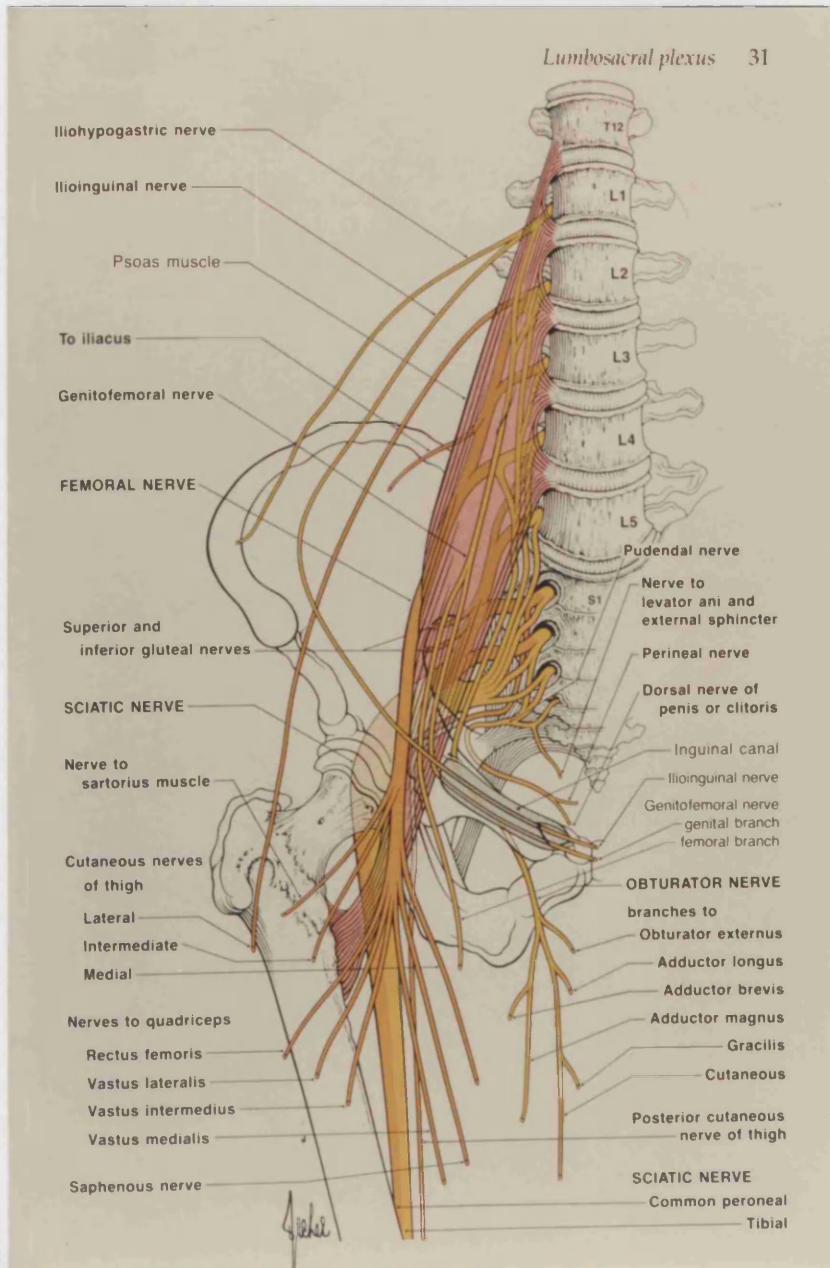
acclaim. He was recently cited in the New York Times and has been interviewed on National Public Radio and CNN. Professor Williams is a member and honorary member of numerous professional and scholarly societies. He became a member of the Medical Artists' Association of Great Britain in 1990. (fig.13.18)

PHILIP WILSON FMAA AIMI

He studied scientific illustration at Hornsey College of Art, London, from 1971 until 1973 before becoming a MAA full-time student based in the Department of Medical Illustration at Guy's Hospital Medical School from 1973 until 1974. He cut short his studentship because there was a vacancy in the Department of Medical Illustration, The Royal Infirmary, Manchester, for which he successfully applied. He completed his studies as an In-post Student in Manchester and gained the MAA Diploma in 1975. In 1977, he moved back to London, first to St Bartholomew's Hospital and then in 1979 to the Institute of Urology. In 1982, he decided to become a freelance artist and combined his private work with a Lectureship at the North London University (Hornsey Polytechnic). In 1994, he gave up his teaching post to devote all his time to his freelance practice. His work covers all aspects of graphic, scientific and medical illustration and he specializes in anatomical and surgical illustration for publication, in all graphic media, including computer generated work. He held the office of Honorary Secretary from 1979 until 1982 and the office of Honorary Treasurer twice from 1978 until 1979 and again from 1985 until the present time. In 1989 he was awarded the Fellowship of the MAA. In 1993, he was invited to join the Examining Board and in 1997, he has been elected to the new office of Chairman-Elect and will become Chairman of the MAA in 1999. (fig.13.19 & 20)

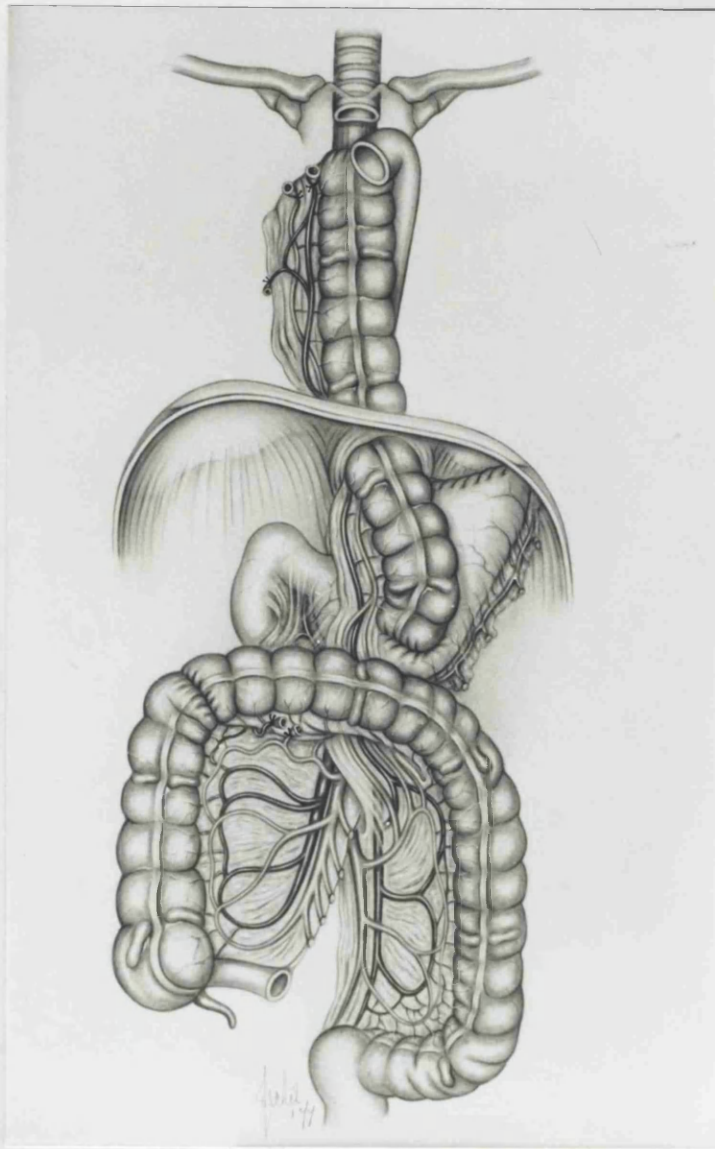


Pen and ink drawing with colour overlays showing the arterial blood supply to the brain by Archer. By courtesy of Dr M. D. O'Brien MD FRCP, Guy's Hospital, London.

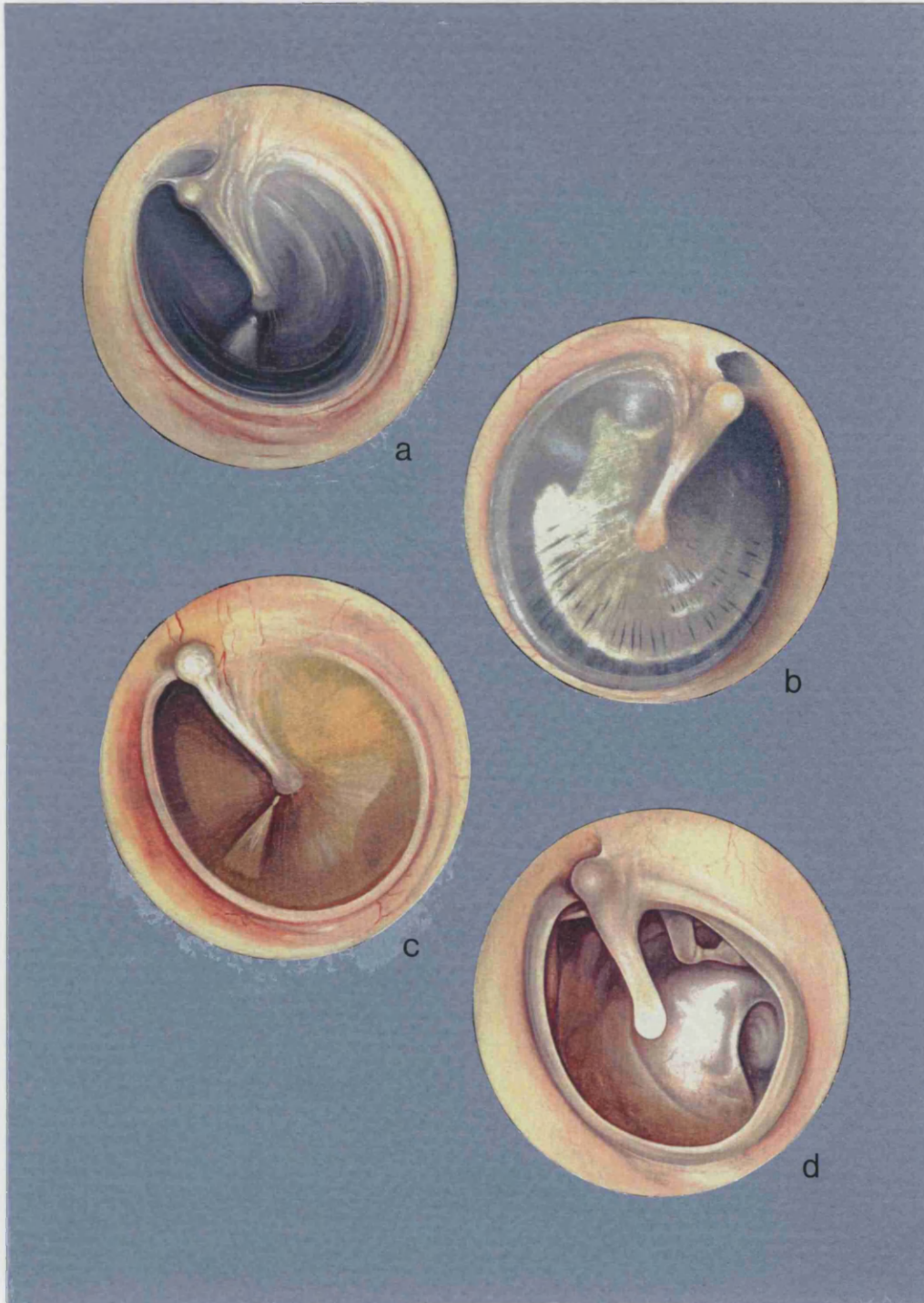


Drawing of the lumbosacral plexus by Archer for Aids to the Examination of the Peripheral Nervous System, Baillière Tindall on behalf of the Guarantors of Brain, 1986, p.31, fig.45.

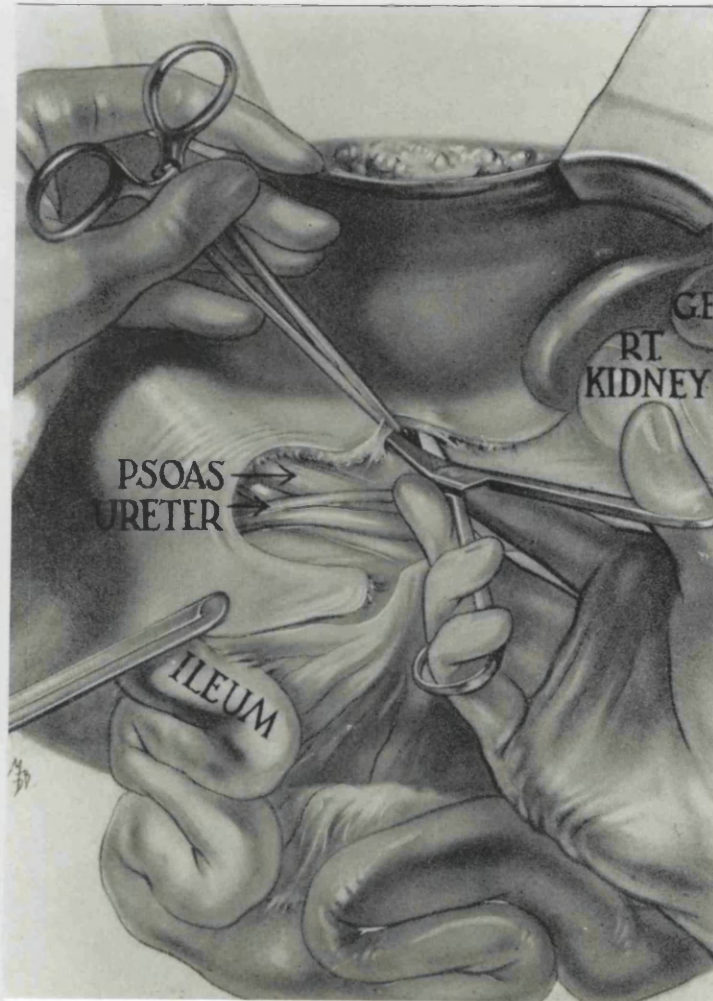
By courtesy of Baillière Tindall.



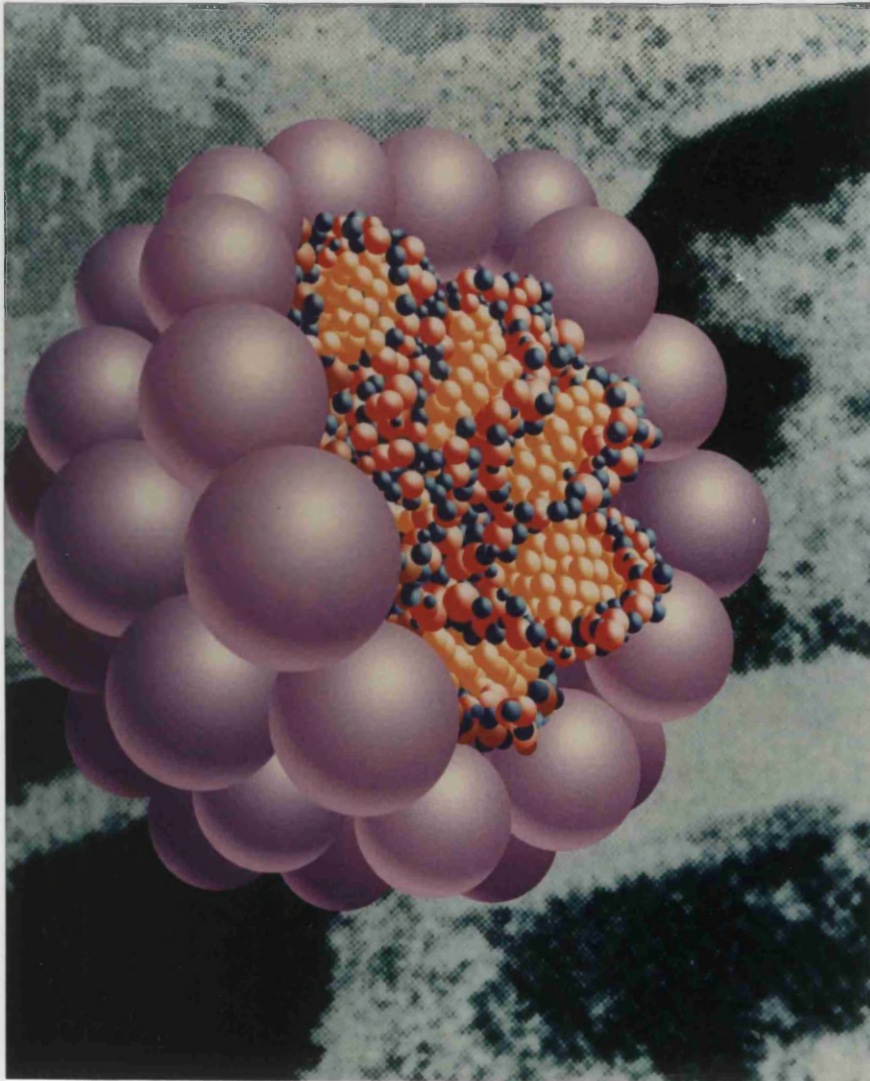
Ross-board drawing by Archer for a chapter on 'Colon Replacement of the Oesophagus' by R.H.F. Brain, for Butterworth's Operative Surgery, Cardio-Thoracic Volume, 3rd Edition, 1977, pp.451-72, p.465 fig.9. By courtesy of Thomson International.



Paintings in oil colour of various conditions of the eardrum by M. Brand for a teaching exhibit.
a. Accumulation of blood behind the tympanic membrane.
b. Calcification of the tympanic membrane.
c. Fluid in the middle ear.
d. Total perforation of the tympanic membrane.
By courtesy of the artist.



Halftone drawing to demonstrate the construction of the inner end of an extraperitoneal tunnel. One of a series of drawings by Brown for 'Extraperitoneal Colostomy or Ileostomy' by J.C. Goligher, British Journal of Surgery, 1958, vol.36, no.196, pp.97-103 p.99. By courtesy of the artist.



Conceptual illustration of a papilloma virus, computer generated by Carruthers, By courtesy of the artist.



a

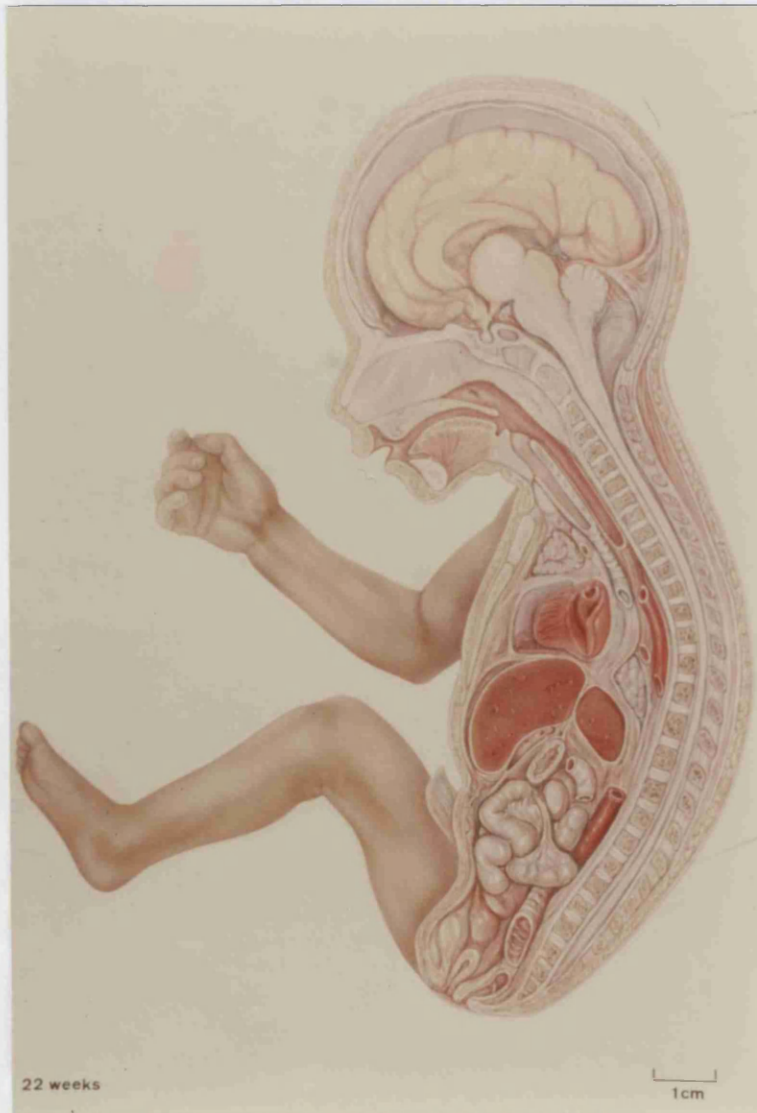


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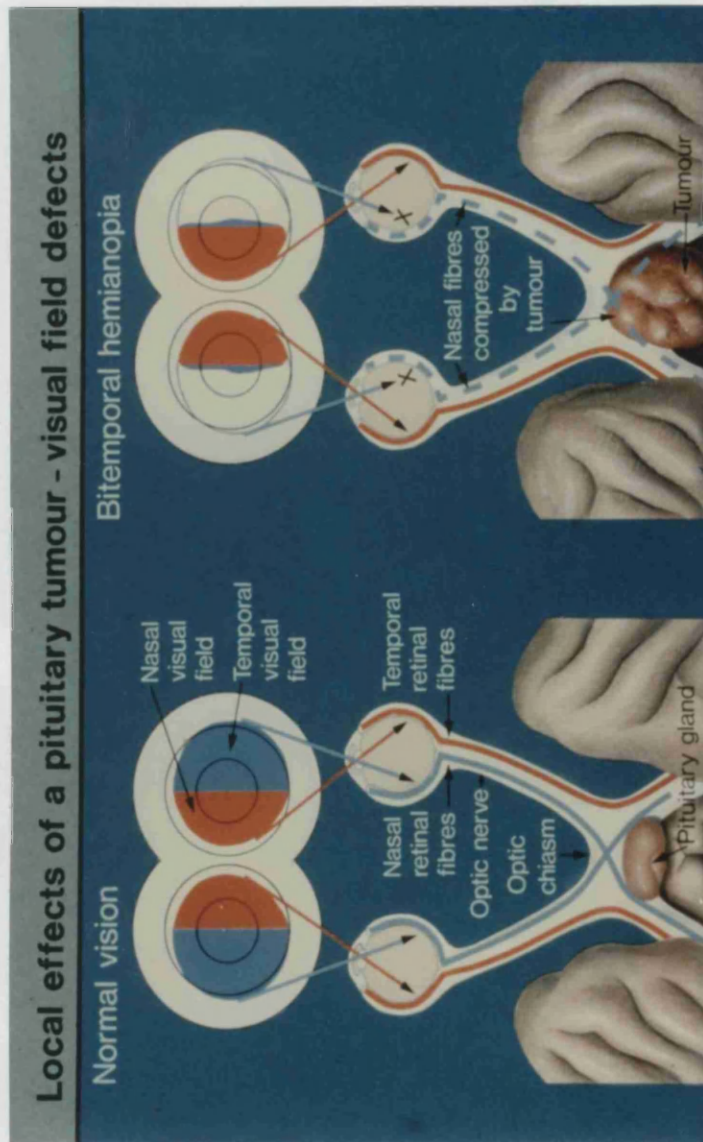


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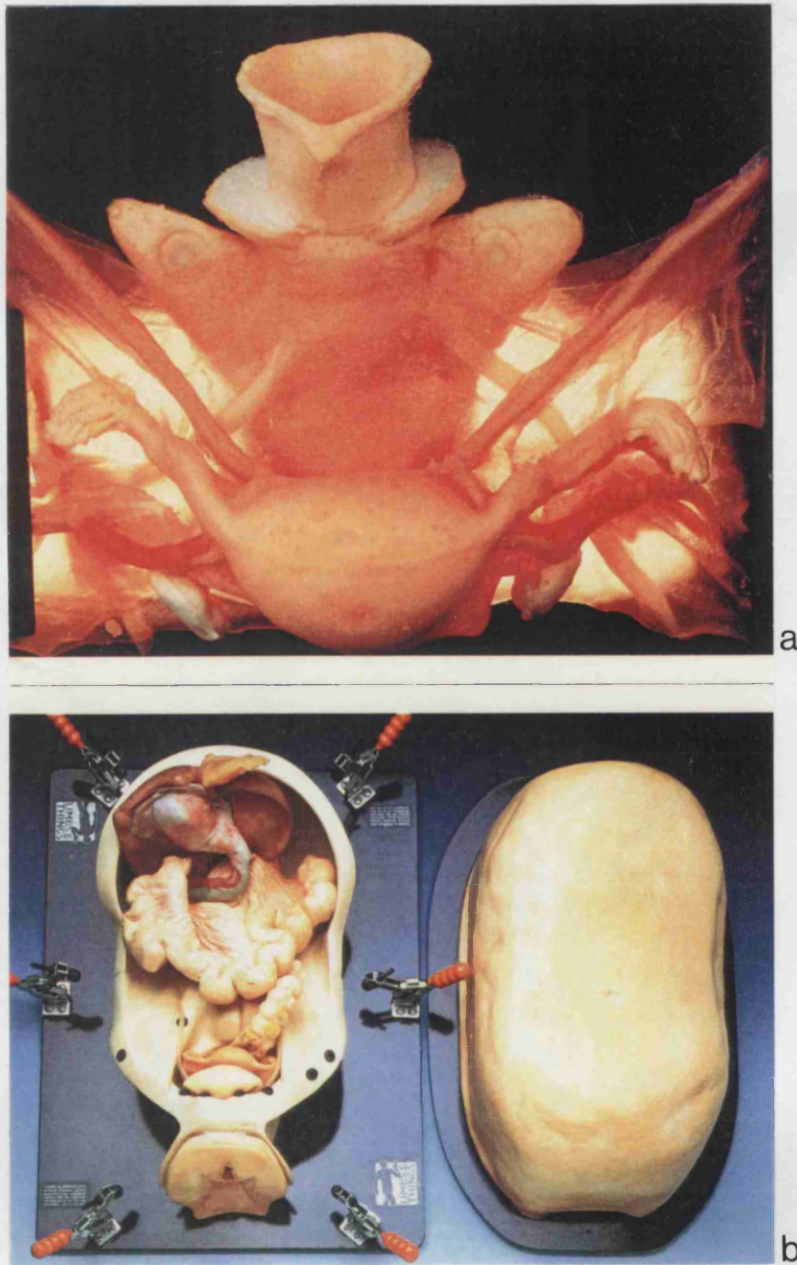
- a. Pen, ink and wash drawing of the view from the artist's bed space in the prisoner of war camp at Chungkai, 1943.
- b. Painting of a tropical ulcer of the foot.
- c. Drawing of a bamboo leg support and improvised saline drip apparatus for the irrigation of leg ulcers, by Chalker.
- By courtesy of the artist.



Watercolour painting of the sagittal section of a fetus by Christie.
By courtesy of the artist.



An illustration from a series for a tape/slide programme on 'Hypopituitarism', by Cohen for Professor John Wass. By courtesy of St Bartholomew's & the Royal London School of Medicine & Dentistry of Queen Mary & Westfield College. (AV0327 No.8)



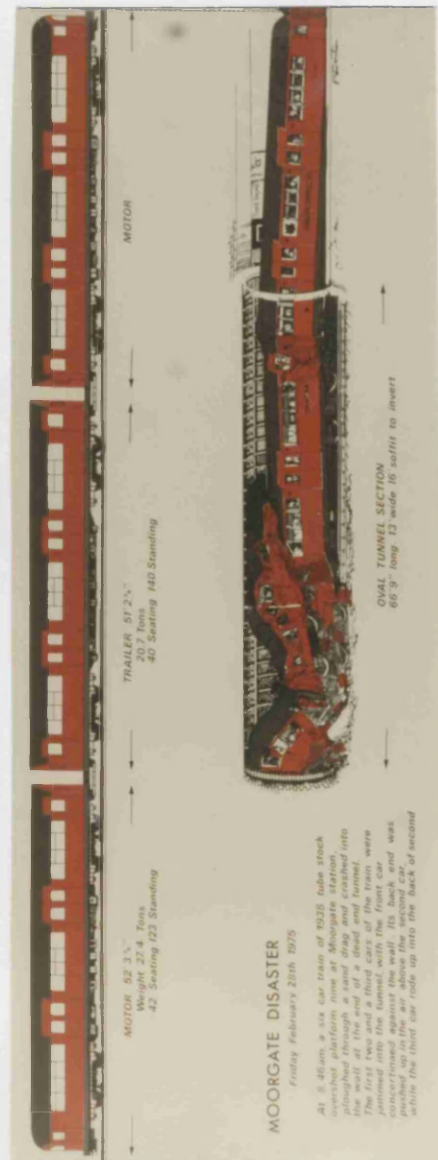
Models made for training medical and nursing staff in some surgical and clinical procedures.

a. Uterus with fluid-filled uterine artery, ureter and general anatomy for laparoscopic hysterectomy procedure.

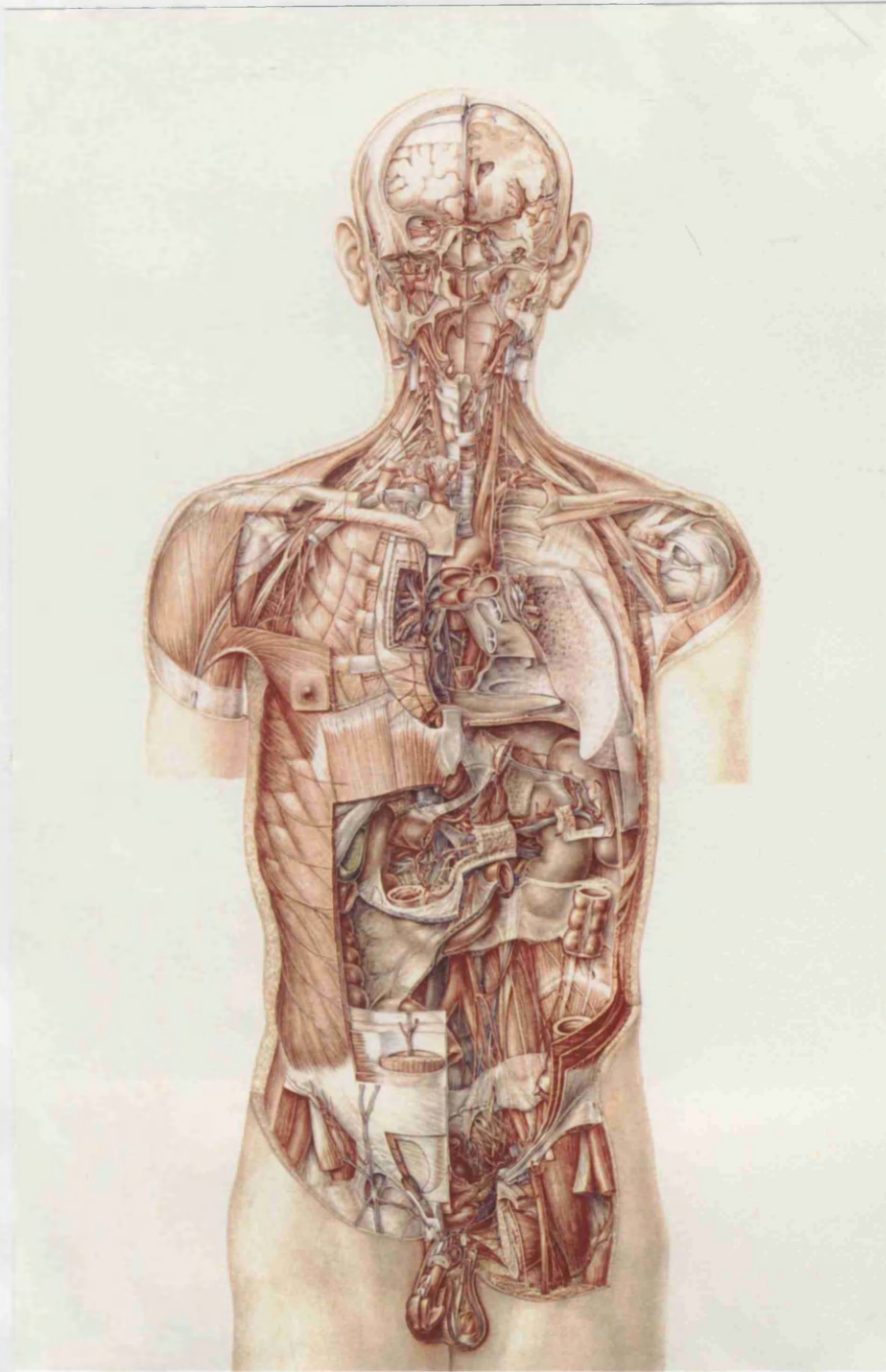
b. Body form phantom with skin insufflated ready for trocar insertion.

By courtesy of Cooper, "Limbs & Things".

figure 13.11

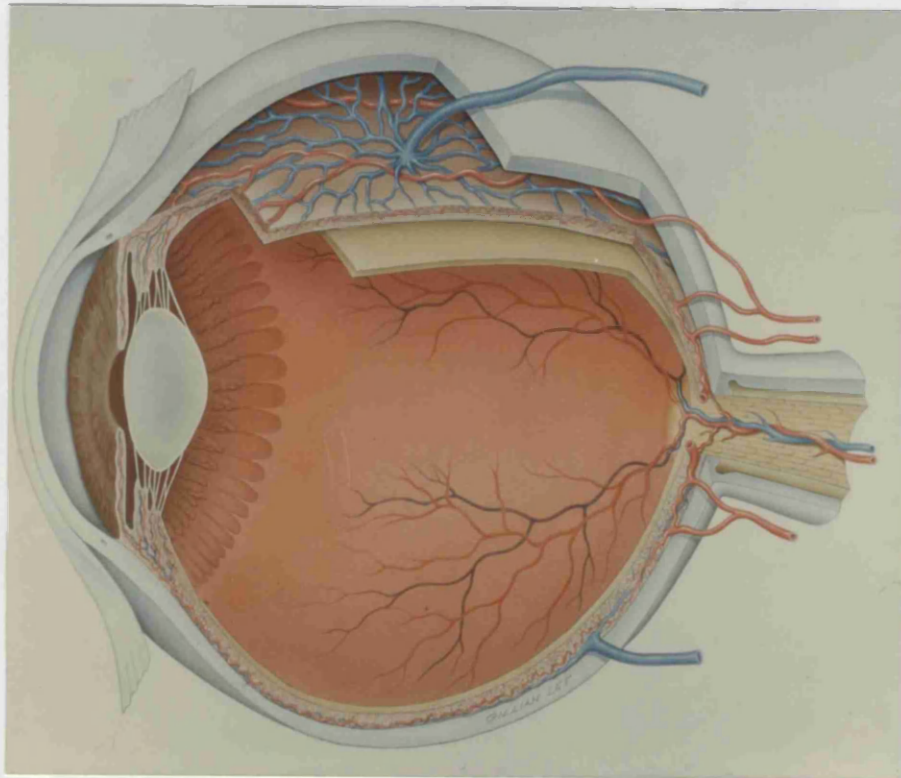


Reconstruction drawing of the Moorgate tube train crash by Darton, produced for the official inquiry into the disaster, 1975.
By courtesy of the artist.



Detailed anatomical drawing in wash, indian ink and watercolours of a male head, neck and trunk. The structures are rendered in orthogonal projection in order to achieve the true dimensions of all parts. One of a set of seven charts for an "Anatomical Polyptych", by van Huijzen for the Anatomical Museum, Catholic University of Nijmegen.

By courtesy of the artist.

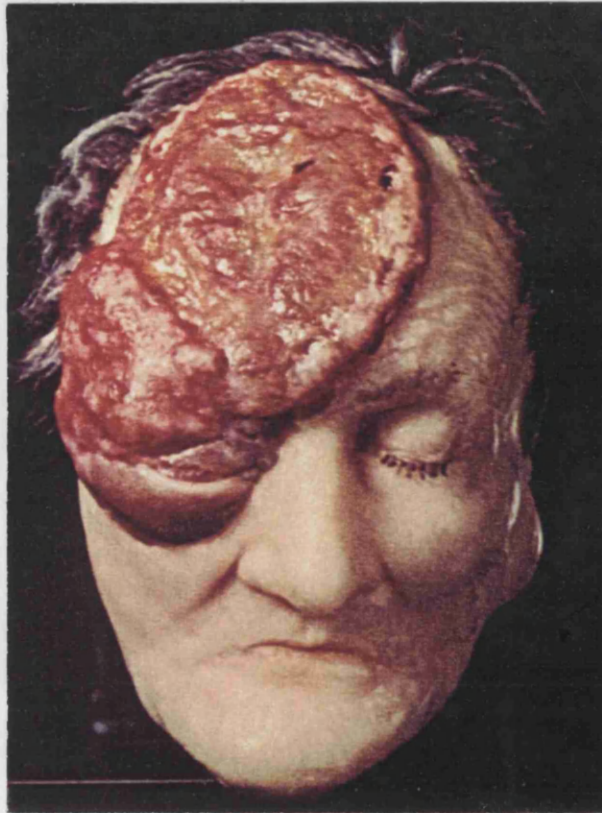


The reconstruction of the head of a 72 year old female by Lee. The skeletal remains were found in the woods of Michigan, United States in 1984, and compared with the passport photographs of a young woman found near the same place. A striking similarity was observed. Details of the deviation of the skull were, as a result, sent to the Minister of the girl in the passport where a positive identification was made. The young woman had been asking her way back to her home in Finland when she was attacked and killed. Her killer has never been apprehended.

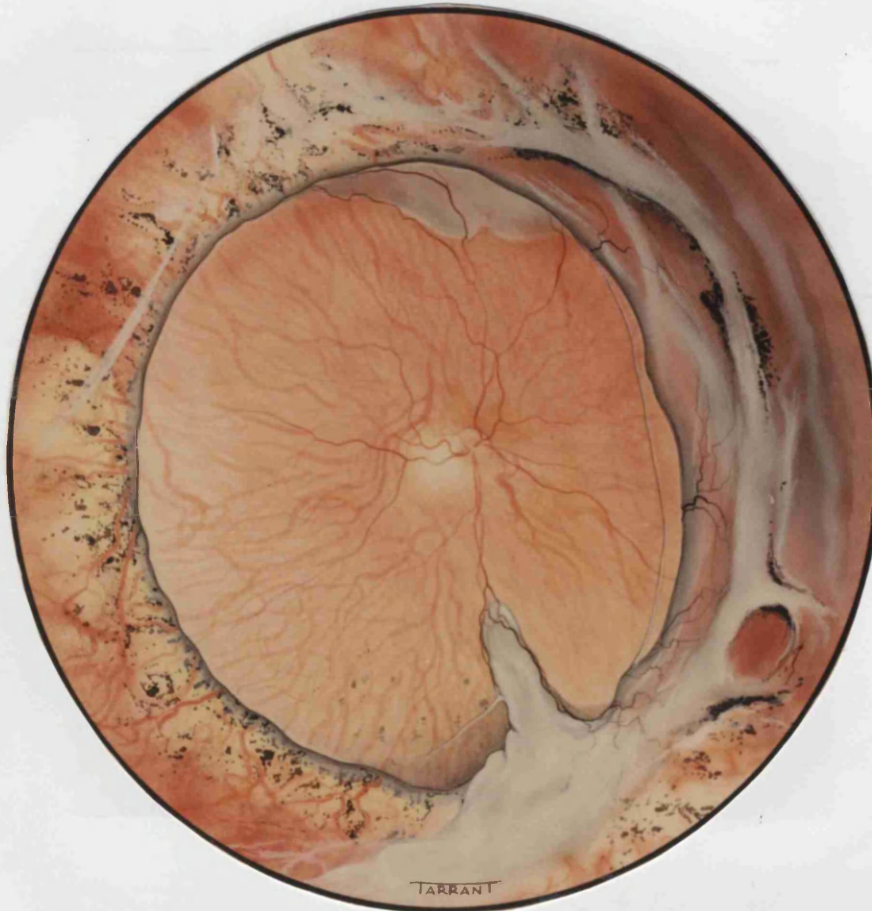
Anatomical painting of the inner structures of the eye, by Lee.
By courtesy of the artist.



The reconstruction of the head of a 22 year old female by Neave. The skeletonized remains were found in the woods of Blenheim Palace, Oxford in 1984. When compared with the passport photograph of a young woman found some miles away, a striking similarity was observed. Details of the dentition on the skull were, as a result, sent to the dentist of the girl in the passport where a positive identification was made. The young woman had been making her way back to her home in Finland when she was attacked and killed. Her killer has never been apprehended. By courtesy of the artist.

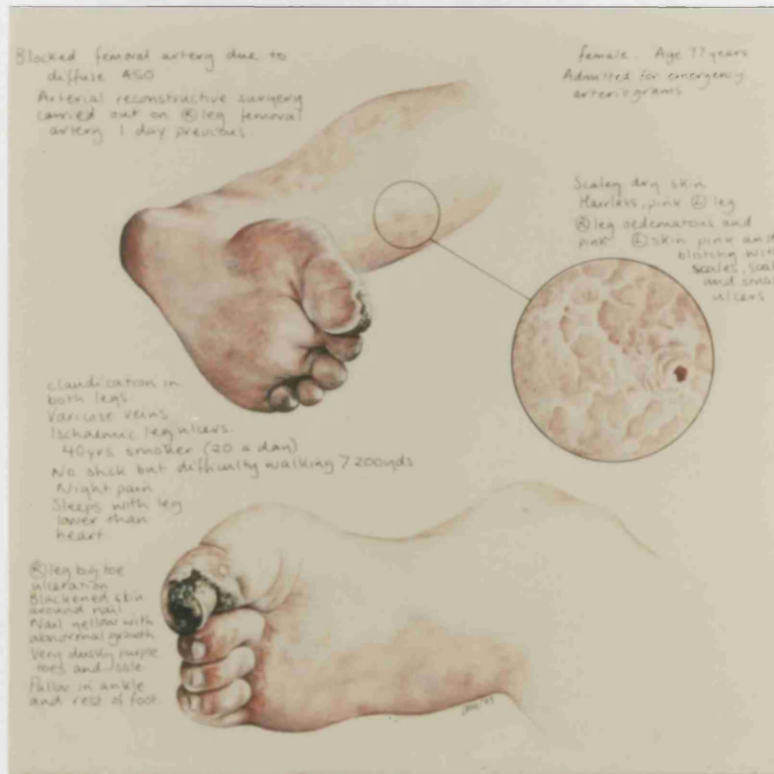


Wax model of carcinoma of the face by Pegus produced for record and teaching purposes.
By courtesy of the artist.

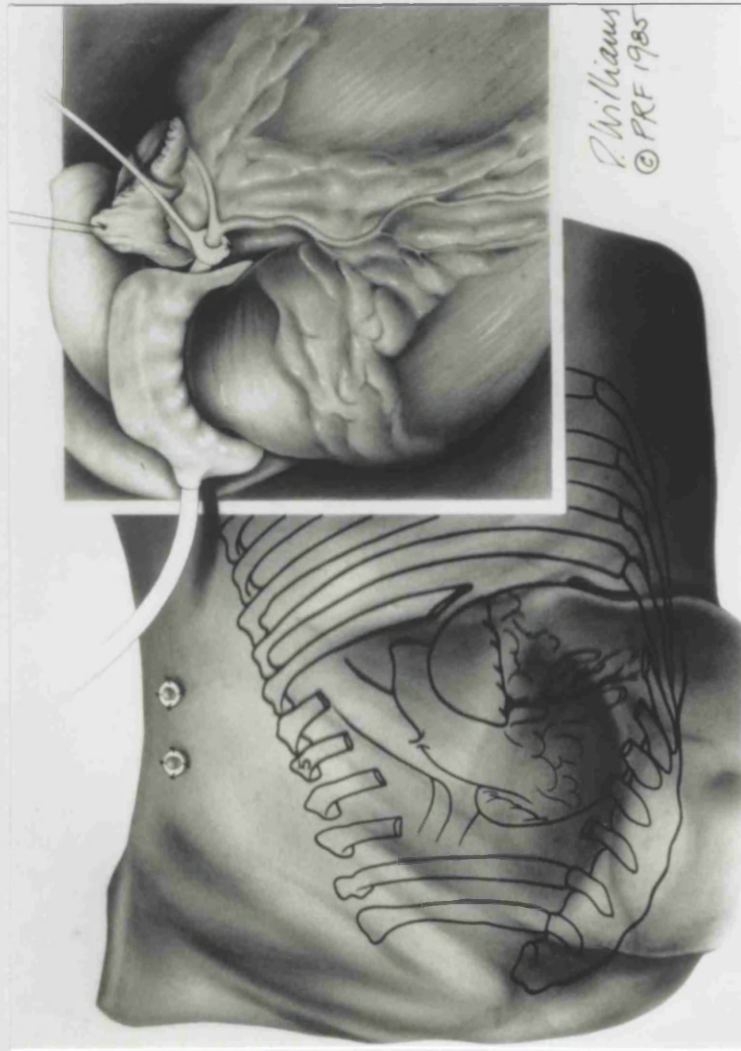


Fundus painting in watercolour by Tarrant showing post-operative total retinal detachment. Re-attached central retina following silicone strap encirclement and diathermy.
By courtesy of the artist.

figure 13.17



Watercolour painting of a case of ischaemia of the feet by Wilkinson. Part of a project for the Manchester MSC Course.
By courtesy of the artist.



Half-tone drawing of the placement of strain gauges on an equine heart by Williams.
By courtesy of the artist.