

## THE CURATOR'S STORY

### ANDREW CONNELL, COLLECTION MANAGER AT THE SURGEONS' HALL MUSEUM, TALKS ABOUT THE COLLECTION'S MODERN FUNCTION



Museum top corridor; Hill Square, Edinburgh, where the Museum Collections are housed; Boxed skulls, David Grieg Collection, Museum Store (Photo credit: Ann Lingard)

"It's like inviting people in and showing them round your house and what's on your shelves - there are different hands exploring the collection in different ways. It brings out endless possibilities, like a kaleidoscope.

"The first collection, which was very basic, not very good, was held in places like Infirmary Street and High School Yards. Robert Knox [1791 -1862] was made responsible for increasing the collection and for its move to new premises. He bought up [Charles Bell's collection](#) and brought it up from London. Much of it was stored in Infirmary Street and in various corridors and cellars. Knox was also in charge of presentation and the collection was opened to the public from that time. So why would you come to see it? There's a nice piece in the [Tansey & Mekie 'History of the Museum'](#) : '*Visitors of the lower classes, mechanics, sailors and soldiers have uniformly been quiet, careful and most orderly...visitors of the lower classes seem to take more interest in the specimens than those of the higher, many of whom, especially ladies, merely walk through the rooms without looking at the objects particularly.*' Probably they were embarrassed to show too much interest!

"The original context of the collection - the organs and tissues - was objective. It was for teaching, for learning anatomy, all of which was observation-based. For more than 150 years this was its *raison d'être*.

The teaching role was more a fade-out process from the 1970s/80s - that was the start of its serious demise. With the advent of desk-top viewers for slides you had the ability to represent material in different ways. There were other diagnostic tools such as X-rays. And in terms of fairness in exams - you can use the same slide for everyone rather than trying to get several identical specimens. A photo of, for example, a pulmonary embolism is more realistic, in its fresh natural coloured state, than a greying specimen in a jar.

" 'Benign neglect'. That's what I like to call it. We're very happy to be a figure-head for benign neglect. At first the collection was loved and cared for and funded for teaching purposes. But the College is very reactionary, very slow to follow trends, and the collection became semi-obsolete for such a long time. But now, instead of using it to look purely at anatomy and pathology, we can use it to look at the history of medicine, to tell a consistent tale about medicine, the medical personalities and pioneers, and also the context of the social history.

"If we think about the patients who formed the collection - what was their life like? What misfortune led them here, with what stoicism? We have to think about the things people put up with - and how they were affected. We aim now to bring out the 'patient-based' context - the humanity, and human stories. This is where artists of all genres are important.

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"I started in the Chambers Street Natural History Museum, then I moved to the University's Department of Pathology collection. There was a certain element of haphazardness - I liked working with my hands, and enjoyed fixing things. Chambers Street was quite Dickensian, with the inventories still on cards. At the University it was more hands-on, a very different collection - I had workshop duties in anatomy and pathology, teaching duties such as display sets for classes, and I repaired things. Medical terminology? I made an effort, enough to get by on - but it was 'shallow waters'. Don't take my word for anything - you should demand a second opinion!

"When I was in Pathology, Dr Black once handed me a poly bag with a kidney in it, still warm. He just said, 'Can you deal with this?' There was a bit of a confrontation. 'Am I *supposed* to?' For me, the first issue was mortality - this was somebody's organ, used until not long ago. Yes, the kidney was 'dealt with', but I then came away from that experience with some issues. In the Museum, it *isn't* red, it *isn't* warm - and you start becoming aware of your own feelings in relation to these aspects.

"The society we live in, we've become desensitised to death, it's all neatly packaged in boxes. So you don't know how somebody will react to a museum specimen. When people come round, I'm very conscious of their response to the collection. I try to think, what's right, what's wrong, about having that specimen on show? But the responses are deeply personal, a gut reaction, intuitive. I might be overly protective, overly cautious, of how we present things to people.

For example, we had Siamese twins - they were on display in an educational context, with X-rays that showed how their bones were joined. But then I used to hear people coming in and saying, 'Where's the babies in jars?' They were missing the point, it was just voyeuristic, they were treating it like a Victorian horror-show ...

"I want to get people to look without feeling distressed about mortality: to start a reflective process that's speculative - and they can then allow themselves to go in different directions. I want people to use the collection as a locus for opening up, and contextualising in the way of social history.

"There's an inter-connectedness between people - the surgeons, patients, pathologists, the family - and they're all colliding and ricocheting in all directions. The collection here provides the impetus for you to *look* differently, and to re-focus your thoughts and ideas."

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