

The Wellcome Collection in central London exhibits historical representations of disability with regularity. Beginning with the opening of Henry Wellcome's Historical Medical Museum in 1913, disability has been highly visible albeit framed through the institution's own changing definitions of what «the medical» itself encompasses.¹ Medical collections invite important consideration of how the co-dependency of medicalization and ableism can be acknowledged in the legacies of exhibition practice more broadly.² Wellcome Collection aids in untangling how exhibiting histories of bio-medical innovation, rehabilitation, and cultures of health hold different implications. The manner in which disability is represented carries authority in the museum space for how we conceive of a historical past for physical and cognitive difference, be it through the medical model prevailing in much of the 20th century, or more recent social and cultural models of disability. Exploring the shifting attitudes towards physical difference at Henry Wellcome's Historical Medical Museum, and within Wellcome Collection's current aspirations, may aid in identifying potential strategies for exhibiting art against ableism.

1880: Medicine as the History of Tools

Henry Solomon Wellcome (1853–1936) was the second son of a poor white family in the American Midwest.³ He would later recall that it was an ancient stone tool on the planes of Wisconsin that sparked his fascination with the past.⁴ While young Wellcome was exposed to indigenous culture as his family moved west to settle on Sioux and Winnebago land, he never pursued formal study of the humanities.⁵ Of greater professional influence was Wellcome's uncle, a doctor and drugstore owner, who helped the family survive a devastating diphtheria epidemic.⁶ After obtaining a degree in pharmacology on the East Coast and traveling to Central America in search of cinchona, Wellcome moved to London. By 1880, he was a founding partner in the English pharmaceutical company Burroughs Wellcome & Co.⁷

While the company did not invent the compressed «tabloid» or dosage-consistent pill, Burroughs Wellcome & Co. was partially to thank for the contents of home medicine cabinets. The company researched compounds, formulated dosages, and manufactured pills. They also creatively marketed the new-found portability of reliable medicine, all but initiating a revolution in the accessibility of *materia medica*. Tabloids were carried in specially made pillboxes and chests designed by Wellcome with an attentive eye to their historical predecessors.⁸ They also assisted «explorers», increased public health equity in rural areas, aided the spread of Western empire, and reached the frontlines of war.⁹ By 1895, Wellcome was the sole proprietor of the thriving London firm and could begin diverting budgetary resources to his interest in the textual, visual, and material history of medicine.

As much as Wellcome was defined by a predictable set of late 19th-century privileges, his collecting habits were unexpected when compared with his better-known elite male contemporaries. Wellcome's American counterparts are familiar to art history: Andrew Mellon, Randolph Hearst, John Pierpont Morgan, and Henry Frick. His English context was increasingly dominated by new money like Wellcome himself or Gordon Selfridge, poised to take advantage of British colonial rule. Wellcome was collecting rare books, art, and material culture in earnest for the purpose of exhibiting the history of medicine by about 1903.¹⁰ However, beyond occasional auction bids for sought after 'fine art', such as a failed attempt to secure the *Aesculapius* from Hadrian's villa, Wellcome's relationship with art was more flexible and encompassing than many of his equals even if his museum's focus on medicine was seemingly narrower.¹¹

Rather than divert his budget to acclaimed statues of Greco-Roman physicians and deities that arguably epitomized what the intersection of art and medicine meant to his Western audience, Wellcome put his money elsewhere. By 1909, his chief librarian, soon to be named curator, Charles Thompson remarked with some alarm that the collection of surgical instruments was already numbering in the several thousands.¹² Unlike established medical collections built for university teaching and professional physicians, such as London's Royal College of Surgeons, Wellcome's library and museum aspired to encompass the entirety of medicine's global past and present across all relevant mediums. A daunting task certainly informed by his colonial context, Wellcome's ambition, however, productively forwarded a very open and inclusive definition of 'the medical'. His efforts were in no sense limited to Western professionalized medicine. In the 1910s there were forty-six of what can be termed medical museums in the British Isles, but only six contained historical materials.¹³

Wellcome maintained a complex network of colonial buyers and dealers who remain understudied. They obtained manuscripts, rare books, works on paper, paintings, sculptures, photographs, human remains, and a vast variety of objects from around the world evidencing human experience with what harmed and healed the body. Wellcome funded archaeological work, commissioned replicas of unavailable artworks, and sometimes purchased entire libraries at auction. Researchers working with his collection archive suspect that his ambitions were in fact larger than the medical or at least that he saw the material cultures of medicine as a way to tell an all-encompassing story of humankind.¹⁴ Soon Wellcome's unique library required a bespoke cataloguing system which remains in use today.¹⁵ By 1920, the annual expenditure exceeded that of the British Museum and by 1930 the collection was five times the size of the Louvre.¹⁶

While most collecting occurred in the early 20th century, Ghislaine Skinner has situated Wellcome's intellectual orientation as a clear product of discourse from the second half of the 19th century.¹⁷ Wellcome's particular accumulation of the material stuff of medicine fits neatly into colonial anthropology and archaeology. It participated in politically charged investments in both the prehistoric and contemporary 'primitive'.¹⁸ Wellcome was inspired, for example, by Augustus Pitt Rivers (1827–1900), an English soldier turned archaeologist and colonial collector.¹⁹ Pitt Rivers and his contemporaries expounded upon the co-opting of Darwinian evolutionary biology for the study of the human race's perceived progress: a frame that both identified non-European and non-industrialized communities as humanity's

living history and justified heinous racism. «The existing races, in their respective stages of progression, may be taken as the bona fide representatives of the races of antiquity», wrote Pitt Rivers, continuing «implements, resembling, with but little difference, their own, are now found low down in the soil».²⁰ In light of this intellectual model, Wellcome's recollection of his childhood encounter with a stone tool comes into sharper focus. Humanity's tools, from prehistory through the present, told impactful stories and could be used to organize «the races», plural.

These investments were formalized and professionalized with the founding of the British Museum Association in 1888. Skinner details how their educational texts, available to Wellcome, advocated for typological display whereby prehistoric materials were grouped with contemporary ethnographic collections regardless of date. They also supported the display of medical equipment by type of tool rather than contextual, lived experience of use.²¹ A 1910 British Museum handbook clarified: «The work of primitive hands is but the tangible expression of primitive thought».²² For the white collectors invested in the politics of primitivism but lacking official training in the humanities, human technology or tool-making provided a way to exhibit their work as scientific. Collections as ambitious and unwieldy as Pitt Rivers' in Oxford and Wellcome's in London found a sense of order.

Wellcome's sustained commitment to understanding medicine through its tools of praxis partially explains why he acquired so much material relevant to disability history before museum practice engaged with any such terminology or category of experience. Physical disability's surviving material culture is generally dominated by assistive technology. Many of the visual representations of disability, usually made by able-bodied artists, focus on prosthetic devices as a primary way to foreground or evidence disability itself. When Wellcome struggled to acquire original historical materials such as clappers used by people with leprosy or hand crutches like those visible in Pieter Bruegel paintings, it appears he simply commissioned replicas.²³ Wellcome also directly purchased new prosthetics from manufacturers and hospitals.²⁴ Because disability was so pervasively understood at the turn of the 20th century through the lens of medicalization, assistive technology was a powerful category of materials through which a given period's lack or abundance of aid could be documented in the museum.²⁵ Objects like leprosy clappers show how this attention to tools conformed to medicalization while also laying foundations for future social histories of disability. Clappers are not medical devices, and yet Wellcome likely saw them as technology connected to the history of a specific disease. While the social model of disability would not be formulated in England until the late 20th century, objects with the potential to elucidate the place of disability in ableist social environments were being actively collected by Wellcome in the 1900s.

The histories of colonialism and disability are entangled, then, in subtle ways: by investing in collecting practices that actively undercut racial equity and advanced the intellectual projects of Western empire, Wellcome was simultaneously more likely to include the tools and technologies of disability in his galleries in order to evidence European industrial progress. Acknowledging the racist underpinnings that shaped Wellcome's interest in tools and technologies is not only important to histories of colonial violence, it is also integral to how we interpret the historically situated acquisition and continued display of the collection. Intersectional intimacies of race, disability, and technology are central, for example, to a prominent 15th-century painting acquired by Wellcome (Fig. 1). Frequently exhib-

1 Master of Los Balbases, *The Miracle of Saint Cosmas and Saint Damian*, c. 1495, oil on wood, 169 x 133 cm. Wellcome Collection, London, UK



ited and reproduced by the collection in publications, it has yet to be accompanied by wall texts articulating how a person with disabilities or a person of colour might experience the artwork or the weight of the different historical resonances it has accumulated over time.²⁶

The painting positions the body parts of a person of colour as a white man's material prosthesis. With the oversight of obliging angels, the pictured legend details how Byzantine medical saints Cosmas and Damian used the leg of an Ethiopian (desecrating his grave) to surgically 'fix' the Christian patient's disability. To view this painting in light of its context in a collection complicit in colonial violation must acknowledge that medicine, personified by the saints, restores the white patient to 'wholeness' with the body of the colonial subject repurposed as assistive technology. Regardless of the work's original meaning for its late medieval viewers, the painting's acquisition and display means we must also consider how it re-enforced the entanglement of colonialism and ableism for the Historical Medical Museum's audience.²⁷ Cosmas and Damian iconography remains particularly challenging to exhibit because of its power to acquire more meanings as time passes, endorsing the worst of our more recent history.

1913: Medicine as History Painting

While Wellcome did not explicitly detail the commitments of his museum, he was consistently intentional and involved in its formation. Any specific views Wellcome

may have had regarding, what we would term, the experience of people with disabilities cannot be readily recovered through textual sources. Wellcome clearly prioritized collecting disability material culture when understood as tools of integration with normative society, however he was also interested in visual representations. One way to access Wellcome's vision for his museum and disability's place within it is through his largest commission of contemporary art: a series of history paintings produced directly before the opening of his Historical Medical Museum in 1913.

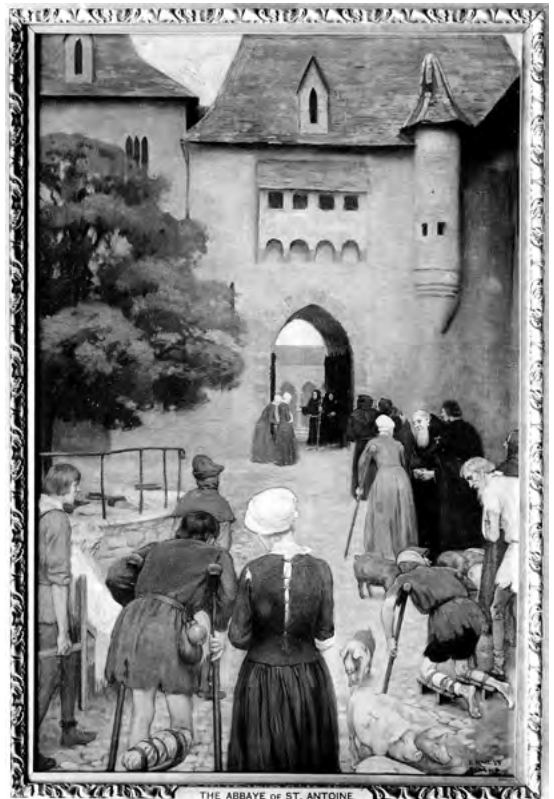
As plans coalesced, Wellcome sought art that would provide continuity across the vast story of medicine. He hired English artist Ernest Board (1877–1934) for an ambitious project. Board, while little known today, had just completed monumental murals for the Palace of Westminster and the House of Commons.²⁸ With Thompson providing meticulous historical research on each subject, Board was to fill the museum's central hall with pivotal medical and scientific breakthroughs. As art historian William Schupbach details, plenty of visual precedent was circulating for painting the history of science with works in the tradition of the *Anatomy Lesson of Dr. Tulp* offering fruitful inspiration.²⁹ Board was no Rembrandt, but he was an artist of admirable patience judging from the near constant feedback he received from his employers ranging from matters of historical accuracy to composition.³⁰

The result was 34 paintings covering prehistory through modernity. Subjects included melodramatic cave-dwelling medicine, Dioscorides describing a mandrake, the 10th-century physician Abul-Qasim Khalaf ibn Abbas al-Zahrawi, Ambroise Paré mid-amputation, and onwards through an increasingly European and male parade of medical authorities. 23 of these paintings were included in the opening exhibition in the Hall of Statuary.³¹ After passing through a small cloak room and the long gallery titled «Primitive Medicine», a sharp left opened into a room filled with statues, paintings, and a gallery level above (Fig. 2).³² Board's medical paintings integrated with his accompanying history of science paintings and were hung in a combined sequence along the north wall.³³ This embedded medicine into a wider conception of the history of scientific progress that emphasized abstract discovery over the lived experience of health. Displayed for eighteen consecutive years at the Wigmore Street premises of the museum, Board's paintings provided an entry point for a visitor well versed in contemporary medicine, but not in its lengthy history. The paintings continue to provide insight into how Wellcome defined the history of medicine, namely as both a history of practice and a history of invention, a history of community-based care but mostly a history of individual authority.

Several of Board's works can be productively explored in relationship to disability. However, most striking is a painting of a medieval subject that remains on display at Wellcome Collection today: *The Abbaye of Saint Antoine with pilgrims suffering from ergotism* (Fig. 3).³⁴ The painting is one of the few works in Board's series that portrays an experience of culturally situated belief rather than an application of singular discovery. A group of people with mobility aids and bandaged limbs approaches the roughly accurate architectural portrayal of an important abbey near Vienne, France. Relics of Saint Anthony were venerated at the abbey, attracting a large number of devotees in search of healing. The manner of Board's representation of devotion situates disability within 20th-century medicalization, however. This is not because the painting shows medical practice, but because it perpetuates



2 Hall of Statuary, Wellcome Museum, Wigmore Street, c. 1913–1935, Wellcome Collection, London, UK



3 Ernest Board, *The Abbaye of Saint Antoine, the Sologne, France. Pilgrims suffering from ergotism (St. Anthony's fire) approaching the infirmary in which the relics and bones of the saint are preserved which were believed to cure the disease*, History of Medicine and Science Series commissioned by Sir Henry Wellcome for the Wellcome Historical Medical Museum, oil on canvas, 91.3 x 61 cm, 1910–1913, Wellcome Collection, London, UK

the belief that those with physical disabilities seek to be «cured» or «fixed». Positioning disability in this way is foundational to the medical model.

The Middle Ages provided an array of enshrined relics for Wellcome, Thompson, and Board to choose from when including a scene in their historical sequence. The specific choice of the Abbey of Saint Anthony, however, would not have escaped the attention of medical professionals visiting the museum in the early 1900s. Saint Anthony's relics were specifically venerated for healing a disease referred to as Saint Anthony's Fire. Known to Wellcome as ergotism, the disease was prevalent in the medieval and early modern periods when mostly rye crops were infected with a fungus called *Claviceps purpurea*.³⁵ Ingesting contaminated grain resulted in either gangrenous or convulsive conditions. Loss or severe alteration of the limbs was likely. The Hospital Brothers of Saint Anthony (founded in 1093) attracted pilgrims impacted by poisonous crops. By the 12th century, visual iconography associated Saint Anthony with people using mobility aids.³⁶ While a German physician described the fungus and its effects in 1582, ergotism continued to impact early 20th-century populations in rural and colonized areas.³⁷

While almost every other painting in Board's «history of medicine» represents the moment of intervention, if not cure, the *Abbaye of Saint Antoine* only portrays the laboured approach of the pilgrims with disabilities. Even the assisting monks are far from the centre of the composition. We see bodies of difference, but not the actual healing relics. The choice to show people with ergotism in search of a cure while not picturing the intervention of the saint's relics resonates with Wellcome's commercial interests.³⁸ While the medieval pilgrims of Board's painting wait in perpetuity for Saint Anthony's aid, Burroughs Wellcome & Co. was undertaking research into *Claviceps purpurea* at the time of the painting's commissioning and display.

The compound of ergot had, in fact, been one of the founding substances investigated by Burroughs Wellcome & Co.³⁹ While ingesting too much of the fungus could result in severe pain, alter the body's bone structure, and ultimately result in death, sources suggest that early modern midwives and physicians were using miniscule dosages to induce labour among other applications.⁴⁰ Due to the complex chemical structure of ergot, however, reproduceable distillations that could be used for inoculation or in obstetrics remained a mystery. It was not until Henry Hallett Dale completed work at Wellcome's request that concrete progress was made.⁴¹ The 1920s saw ergot specifically produced on the Wellcome *materia medica* farms in Kent and an advertisement for successful medical derivatives from the compound appeared in the British Medical Journal in late summer 1929.⁴² Along with George Berger, another Burroughs Wellcome & Co. employed researcher, Dale won the Nobel Prize for his work in 1936.⁴³

The Abbaye of Saint Antoine served to emphasize the firm's investments in ergot. The painting hung on the west wall of the gallery apart from Board's other paintings, contextualized instead by a set of both historical objects and ergot specimens.⁴⁴ The gallery guide lists several accompanying statues simply as «cripples», and what were likely early modern prints as «images» of St. Anthony, «the patron saint of ergotism.» Confusing the definition of ergot poisoning, another object in the display was titled «the leper with his bell», with a «blind girl» nearby.⁴⁵ The guidebook then identifies several samples taken from the Burroughs & Wellcome Co. laboratories. In fact, a visitor could observe the stages in the development of

the poisonous ergot as it grew on grain. Representations of the historical bodies and the scientific specimens were displayed together without considering cultural context, lived experience, or the diversity of the disabilities shown (some, in fact, having nothing to do with ergotism). Because of the bio-medical focus on cure, the images of disabilities in the plural were all framed through medicalization.

In light of Wellcome's commercial and intellectual interests in ergotism and the surrounding exhibition, the subtlety of Board's compositional choices can be appreciated more fully. As a viewer standing before the painting, we may feel we participate in the crowd moving towards the Abbey ahead, backs to the receding road. Perhaps we are meant to see ourselves in the contours of the young woman, a *Repoussoir-Figur* that fills much of the foreground. The extent of her bodily non-normativity is carefully obscured by her stance, only the edge of a white bandage evidences how she may in fact differ from an able-bodied viewer (the likely visitor to Wellcome's relatively inaccessible museum at the time). An unclaimed gaggle of pigs walks against the current of pilgrimage, exiting the composition in the lower corner. If we do not see ourselves in the array of people with disabilities, could these be our pigs following us as we walk away from the scene? No doubt applying historical research supplied by Wellcome or Thompson, Board emblazoned this livestock with the Tau cross. Saint Anthony was commonly pictured with such a Tau cross and a pig. While the pigs belong to the Abbey, they also traverse the image as a lingering symbol of the absent saint. They remind any medical researcher standing before the painting of the responsibility to find ergotism's equally absent cure.

Wellcome's Historical Medical Museum was not initially accessible to those outside the medical profession. Lay visitors had to acquire letters of introduction from a member of the scientific community. Women had to be escorted by a man if they wished to visit the galleries.⁴⁶ The collection, however, did reach medical and commercial audiences beyond London. In fact, numerous temporary exhibits were curated by Wellcome and his staff for displays at world fairs and commercial medical congresses. Historical material lent authority and attracted desirable attention to Burroughs Wellcome & Co.'s product marketing. Wellcome was certainly not above mixing historical objects, business, and living people in these commercial displays, as evidenced by a photograph from his time at the Chicago Exposition of 1893. A group of yet to be identified indigenous men sit in front of Burroughs Wellcome & Co. products.⁴⁷

Some early temporary exhibitions were more disciplined, however. While the medicalized narrative remained consistent, displays did situate people with physical disabilities as having a historical past. They were even part of such traditional genres of art as Greek vase painting. A case from two years after Wellcome's death summarizes Greco-Roman medical practice for a New York audience (Fig. 4). Ancient medical tools (including a vaginal speculum), votives, and ointment containers are paired with renditions of vase paintings. Unsurprisingly, disability representation is aligned with surgical practice: its tools of operation and technologies of mobility assistance. The vase painting visible in the upper left of the photograph is «a Greek Surgery of the 5th century», and represents a man with restricted growth, three people with assistive technology, and a man with one leg. These temporary displays may have been the only place where a medical and museum-inclined audience saw historical representations of disability, albeit presented in ways that affirmed the authority of the medical profession.



CASE 27 CLASSICAL MEDICINE (Greco-Roman).
Rear view of case.

4 Greco-Roman Display, New York Exhibition Rooms, 1938, volume of photographs featuring exhibitions curated by the Wellcome Historical Medical Museum displayed in London and abroad. Wellcome Collection, London, UK

Mid-Century: Medicine as Rehabilitation

In the years following Wellcome's death, staff were overwhelmed by the herculean task of both organizing the collection and updating its methodological stance on anthropology.⁴⁸ Declining to curtail the management of his museum and charitable trust in his will, Wellcome enabled staff to respond to evolving concerns and foreground flexibility.⁴⁹ Critique of the museum had, in fact, already been pointed: Medical historian Charles Singer dismissed the galleries in Wellcome's lifetime and Norman Moore noted that they were not in line with views held at the Royal College of Physicians.⁵⁰ The mid-20th-century history of the museum was dominated by extensive dispersal and de-acquisition of collection holdings, with ambitious exhibitions resuming in the 1950s.

Shifts in perception of an aging veteran population in post-war Britain helped facilitate a change in public programming priorities with a temporary exhibition titled *Rehabilitation, The Conquest of Adversity* (1969). While the disability rights movement was gaining traction in Britain, the exhibit appears to have been conceived on the heels of a successful installation about military medicine in the proceeding years. Rather than subsume physical disability into contemporary bio-medical research or histories of surgical intervention, the museum attempted to nuance the medical model. The museum did so by first clarifying what it, in fact, considered medicine to be: a three-part experience consisting of diagnosis, treatment, and rehabilitation. This division made a new space for disability. While this space was

still aligned with medical intervention and narratives of «cure», it did invite other perspectives besides that of the physician or scientific researcher into the galleries.

A surviving drawing of the gallery shows that *Rehabilitation* was divided into six sections.⁵¹ Introductory cases featuring recently published guidebooks and pamphlets for the disabled gave way to a sequence addressing the history of «artificial limbs and crutches». A scale model of a Greco-Roman bronze leg was included, believed at the time to be the oldest surviving prosthetic. This was followed by «aids and gadgets» or tools and technologies to improve daily life such as specially designed cutlery and cups. Next came «corrective devices» which included more historical material, some of it questionably related to disability and certainly upholding a normative body. The exhibition concluded with two sections, however, that did attempt to document lived experience: «getting about» and «work and play». «Getting about» featured the display of two photographs supplied by an organization called Access for the Disabled. The first showed a «public lavatory Sloane Square – inaccessible» and the second a «new public lavatory Newbury – accessible». These photographs shifted attention from the physically disabled person's body to the construction of barriers by society, reversing the onus of «integration». While «work and play» did feature images that some may have felt were empowering, it continued to re-enforce disability as a phase that could, with the right technologies, therapies, and medical interventions, be «overcome».⁵²

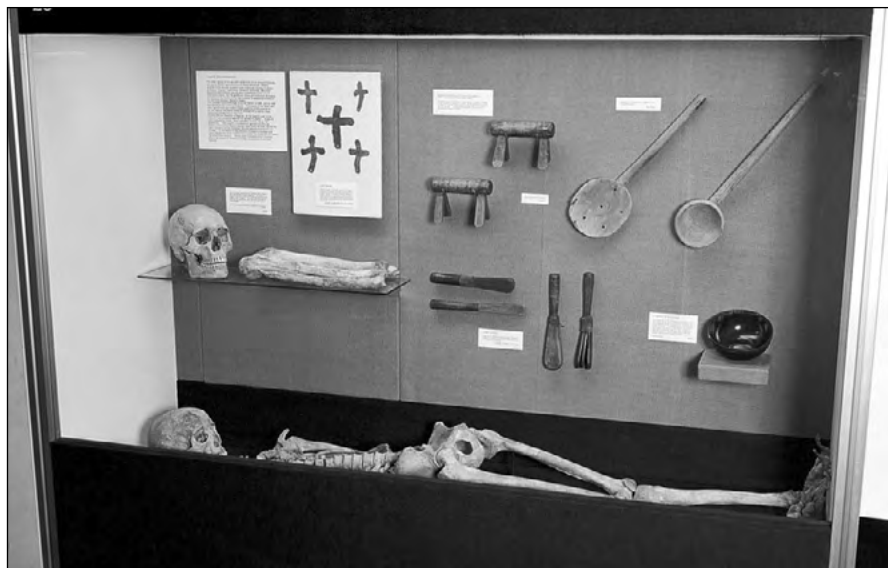
The exhibition's sub-divisions each affirmed a broad investment in the concept of rehabilitation as a way to understand the disabled population's potential to conform to social norms. Disability, understood in very general but consistently physical terms in the exhibit, was something that required rehabilitation. However, it did mark real change in the museum's attention to its audience and what visual and material context a medical collection could offer to very contemporary conversations. *Rehabilitation*, in fact, appears to have been loosely conceived in collaboration with a disability equity organization called the Central Council for the Disabled.⁵³ It was certainly the first large scale collaboration between the Wellcome and a community initiative centring the lived experience of disability.

The museum itself was now open to the public free of charge and the gallery on disability was installed for six months.⁵⁴ Correspondence between the curator and various community stakeholders make clear the diversity of loans secured for display and the interest they sparked. Particularly popular was a newly designed wheelchair called «the Vincent Chair». It was marketed as a significantly cheaper alternative and a model was widely displayed after the attention it garnered in the museum. Unlike earlier exhibition programming for medical professionals, *Rehabilitation* did consider that the visitor population would include people with disabilities. Most striking perhaps are exhibition records confirming that the latest literature and resource publications were included in the exhibition such as a volume titled *Physical Disability and Community Care* for the London Tower Hamlets Council of Social Services. In the year following the exhibition, the Chronically Sick and Disabled Persons Bill was introduced by Labour MP Alf Morris. The bill was the first in the world to legally recognize the rights of people with disabilities.⁵⁵ The Historical Medical Museum was exploring new collaborative ground for how historical materials could engage with contemporary social discourse.

The early 1970s saw the museum's permanent galleries re-installed. While we do not have photographs of *Rehabilitation*, we do have documentation of the gen-

eral collection installations. Floor plans for the large north gallery show cases organized by historical period and geographic region with themes like «gods and goddesses», «childcare», and «plague». Excluding Egypt, Mesopotamia, and a section simply labelled «Islam», the sequential story of medicine unsurprisingly conformed to a Western European narrative with cultures grouped under «oriental» placed in another gallery. Human remains, such as from Wellcome's archaeological excavations in Sudan, were utilized to show the historical presence of various medical conditions.⁵⁶ Several key objects from the *Rehabilitation* exhibition were included, such as the replica of the Roman leg prosthesis displayed with surgical tools and other early modern European prosthetics. The only display relating to disability for which we have both photographic documentation and drafts of the wall labels is a case titled «plague and leprosy» (Fig. 5). Lead crosses from a hospital, likely replica hand crutches, clappers, and various food and alms bowls fill the wall above two sets of human remains. The larger skeleton is identified as showing «typical leprosy mutilation» and originating from «Medieval: Denmark».⁵⁷

The most striking aspect of this display is how it conflated plague and leprosy through recognizing that both diseases could result in some similar experiences of social ostracization. The display evidences this through inclusion of objects like the long-handled spoons, thought at the time to facilitate social distancing when begging, the lead crosses buried with plague victims, and the inclusion of noise-making clappers for use «by the lepers when proceeding through a village or town to warn those who pass by».⁵⁸ The conflation of different diseases, however, unintentionally perpetuated anxiety and stigmatization from the Middle Ages themselves. Were people with physical disabilities from leprosy complicit in the spread of a pandemic, contagious in similar ways to those with bubonic plague?⁵⁹ While this exhibition case may have been attempting to integrate strategies experimented with in *Rehabilitation* that emphasized lived experience, it ultimately participat-



5 Display case with human remains, permanent exhibition gallery at the Wellcome Historical Medical Museum, 1970s. Wellcome Collection, London, UK

ed in socialized fears that bodies of difference might be intimately related to highly contagious disease and thus pose a danger to normative society.

Futures: Cultures of Health

After 1976, the Historical Medical Museum changed at an institutional level. While the library, rare books, and visual materials were retained in what was renamed Wellcome Collection in 2007, the majority of material culture was permanently loaned to the London Science Museum. New galleries opened at the Science Museum in 2019 featuring over 2000 objects, independent of the Wellcome Trust. An extensive exhibition was mounted by Wellcome staff and the British Museum, however, in an effort to re-connect fractured institutional histories in 2003. *Medicine Man: the forgotten history of Henry Wellcome* centred the collector as protagonist to the detriment of much overdue postcolonial revision. Condensed content from this exhibition continues to occupy the historical galleries of Wellcome Collection. For example, at the centre of *Medicine Man*, a striking visual display of decontextualized historical prosthetics are suspended in the shape of a human body. This reifies a medical model's commitment to reconstructing bodily normativity.⁶⁰

Recent installations of contemporary art, however, have been highly collaborative, inviting disabled artists working with the collective Heart n Soul to challenge what inclusion might mean in Wellcome's future. «Change won't occur until a sustainable ecosystem of engagement is created, a system that integrates doing the intersectional work of anti-ableism into our institutional structures», says Orla O'Donnell, a member of Wellcome Collection's current Inclusion Team.⁶¹ Richard Sandell, a leading advocate for disability in museum studies, collaborated on the 2019 exhibition *Being Human*. «Perhaps most radically», Sandell writes, ««Being Human» makes explicit its moral and ethical position: mental and physical differences are part of human diversity; disabled people have rights – to respect and dignity as well as access to culture – and negative attitudes towards disabled people, rooted in medicalised ways of seeing difference, are called out for what they are».⁶²

Being Human signals intentions to centre human health as contextualized by social and cultural factors, holding inclusive potential for Wellcome Collection more generally. While the history of medicine often carries assumptions of linear progress, framing the collection through narratives of how people are impacted by fluctuating states of health encompasses both bio-medical research and non-linear, contextualized experience of mind and body. If the museum can foreground a person's own authority over the lived experience of health, Wellcome Collection may even be pushed beyond its stated benchmark of implementing the social model of disability. While collaborations with artists and disability rights activists are continuing, museum staff are also undertaking research for an equitable re-installation of the historical collections expected by 2024. Affording certain under-represented identities and experiences a past is not simply additive, but transformative. Through encountering disability experience in its historical longevity, we may understand better how to actively exhibit against ableism for disability's futures.

- 1 I will not exhaustively interrogate the institutional history of what is now the Wellcome Trust, a complex charitable organization funding global health research with a library and museum known together as Wellcome Collection since 2007. While material from the Wellcome Collection features frequently in research publications, attention to the institutional histories of the collection itself has been relatively sparse. Recent studies include Roy Church, Elizabeth Tansey, *Burroughs Wellcome & Co.: Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry, 1880–1940*, Lancaster 2007; Frances Larson, *An Infinity of Things: How Sir Henry Wellcome Collected the World*, Oxford 2009. The Wellcome Trust is based in London and Berlin.
- 2 For more history of medical collecting in the UK: Samuel Alberti, *Morbid Curiosities: Medical Museums in Nineteenth-Century Britain*, Oxford 2011; *Science Museums in Transition: Cultures of Display in Nineteenth-Century Britain and America*, ed. by Carin Berkowitz a. Bernard Lightman, Pittsburgh 2017; Ken Arnold a. Thomas Söderqvist, *Medical Instruments in Museums: Immediate Impressions and Historical Meanings*, in: *Isis*, 2011, Vol. 102, No. 4, p. 718–729.
- 3 Robert Rhodes James, *Henry Wellcome*, London 1994, p. 50.
- 4 *Ibid.*, p. 14.
- 5 See remarks on the Sioux Uprising, *ibid.*, p. 15, 23–29.
- 6 *Ibid.*, p. 21.
- 7 *Medicine Man: The Forgotten Museum of Henry Wellcome*, ed. by Ken Arnold a. Danielle Olsen, London 2003, p. 29.
- 8 *Descriptive Notes on the Exhibit of Burroughs Wellcome & Co. at the Franco-British Exhibition London*, Burroughs Wellcome & Co. 1908, p. 24–33.
- 9 For more information on the firm's research and commercial activities see Church/Tansey 2007 (as Note 1), p. 255, 263. See institutional history on contemporary Western explorers endorsing Burroughs Wellcome & Co. products: *A Century of Progress: Chicago Exposition Souvenir and Guide published by Burroughs Wellcome & Co.* 1936, p. 45, 48.
- 10 Ghislaine M. Skinner, Sir Henry Wellcome's Museum for the Science of History, in: *Medical History*, 1986, Vol. 3, p. 383–418, 395. The article appears again with edits as Ghislaine Lawrence, Wellcome's Museum for the Science of History, in: Arnold/Olsen 2003 (as Note 7), p. 51–71.
- 11 Larson 2009 (as Note 1), p. 164.
- 12 Thompson to Wellcome, 5 January 1909, WI:FC:9a.
- 13 Lawrence 2003 (as Note 10), p. 68.
- 14 My thanks to Ross MacFarlane with the research development team at Wellcome Collection for discussing the history of the collection with me, July 2020.
- 15 Cyril C. Barnard eventually published his work for Wellcome's Library as «A classification for Medical Libraries with Introduction, Local List, Index of Parasites and General Index» in 1936. Anna Faherty, *Reading Room Companion*, London 2014, p. 213.
- 16 Skinner 1986 (as Note 10), p. 383.
- 17 *Ibid.*, p. 384.
- 18 *Ibid.*, p. 394.
- 19 Lawrence 2003 (as Note 10), p. 53.
- 20 Skinner 1986 (as Note 10), p. 392.
- 21 *Ibid.*, p. 395.
- 22 *Ibid.*, p. 391.
- 23 Internal research conducted by Ruth Horry at Wellcome Collection, discussed July 2020.
- 24 Ruth Horry and Alexandra Eveleigh, internal workshop material for staff at Wellcome Collection, June 2020. Laurel Daen, «A hand for the one-handed»: User-inventors and the market for assistive technologies in early nineteenth-century Britain, in: *Rethinking Modern Prostheses in Anglo-American Commodity Cultures, 1820–1939*, ed. by Claire L. Jones, Manchester 2017, p. 93.
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