Wellcome Collection
WAR & MEDICINE

Media Coverage
October 2008 – February 2009
**War: what is it good for?**

Colin Martin applauds an exhibition whose theme is the constantly evolving relation between warfare and medicine.

**War and Medicine**

*Wellcome Collection*, London, until 15 February 2009 and Deutsches Hygiene-Museum, Dresden, 4 April to 9 August 2009

Rating: ★★★★★

"As mankind's capacity to maim and kill has increased, our desire to repair and heal has always struggled hard to keep pace," say those responsible for an exhibition surveying war and medicine over the past 150 years. Jointly curated by the *Wellcome Collection* in London and the Deutsches Hygiene-Museum in Dresden, it shows the ploy of war for fighters and medical staff in conflicts from the Crimean to present day Afghanistan and Iraq.

Killing and curing are ethically incompatible bedfellows. The priority of military doctors and nurses is to maintain the fighting capabilities of the armed forces, saving the lives of wounded soldiers, sailors, and air crew so that they can fight another day. Military healthcare professionals are seldom able to observe or participate in the long term physical and mental rehabilitation of their patients, as is usual in conventional civilian health care.

Ethics aside, the exhibition shows that wars have always provided an impetus for rapid developments in medical science and practice. The British trained New Zealand surgeon Harold Gillies pioneered plastic surgery when trench warfare in the first world war increased the incidence of head and neck injuries. Wars represented in the exhibition are Vietnam (1959-75), the Falklands (1982), Afghanistan (2001 to present) and Iraq (2003 to present). All have brought new medical challenges.

The exhibition's three major themes of organisation, body, and mind are reflected in the German architect Hans Dieter Schall's logical layout, bringing clarity to a poten-tially chaotic subject. His clean, almost aseptic design contrasts with the filth and sepsis encountered in warfare.

"Organisation" considers the logistics of providing medical care on the battlefield, beginning with the Crimean war. But two installations by the artist David Cotterrell are bang up to date. In November 2007 he spent four weeks observing the work of military medical staff at Camp Bastion, a tactical field hospital in Helmand Province, Afghanistan.

Cotterrell's triple channel video *9-Litter* presents three aspects of the dramatic recovery of a wounded soldier from a forward operating base. The three monitors evoke a painted triptych. Silently scrolling codified text fills the central one, tracking the operation's progress. The left monitor shows the "watch keeper" at Camp Bastion, monitoring computer screens and answering telephones. The right monitor shows the medical emergency response team's journey in a Chinook helicopter as they bring in the casualty.

The night-time evacuation of a stabilised patient from Camp Bastion to Kandahar is represented in Cotterrell's panoramic five channel, high definition video projection, *Theatre*. The hypnotic drone of the Hercules' engines and calm efficiency of medical staff working within its dimly lit belly create a mesmerising, digital tapestry. At Kandahar the sedated patient is transferred to a waiting C-17 airlifter and flown to Birmingham, for further treatment at Selly Oak Hospital.

"Body" presents artefacts, photographs, and film relating to wartime medical care and the physical rehabilitation of the injured. A long slab, inset with six glazed vitrines and four visual display units, leads visitors towards irregularly shaped white forms. Asymmetrically arranged, they resemble an opera set inspired by Caspar David Friedrich's paintings of ice floes. Or the arrangement could be seen as a sacrificial altar or memorial to the slaughtered.

The London-based artist Paddy Hartley is inspired by historical rather than current...
conflicts. *Sundra* documents reconstructive facial surgery by Harold Gillies on a wounded soldier, whose jacket is inscribed and stitched to record the sequence of operations carried out. Unlike surgeons at the front line, Gillies managed his patients for years. With inspired empathy he found jobs as cinema projectionists for some who remained shy of being seen in public.

The first world war resulted in more than 80000 British cases of “shell shock.” “Mind” examines how our understanding of the importance of psychological support developed throughout the conflicts of the 20th century. A much higher number of civilians were injured in the second world war than previously. At the end of the exhibition a five screen video wall shows extracts from films, including interviews with survivors of the Dresden fire bombings in February 1945 and the atomic bombing of Hiroshima and Nagasaki in August 1945—people who still bear psychological scars today.

Estimates of the number of Iraqi civilian deaths are hotly debated in medical journals. A year after returning from Afghanistan, Cotterrell remains angry that the news media focus on deaths, obscuring the extent and human cost of casualties. “The incongruity between what I had seen and what was presented as the public face of conflict was, and continues to be, profound and irreconcilable.”

*War and Medicine* offers much more than the expected historical overview, strongly advocating peace in a world that continues to be bereaved and burdened by war. Colin Martin is an independent consultant in healthcare communication, London. ccm@btinternet.com

Get this as BMJ 2006;332:1278-83

Wars have always provided an impetus for rapid developments in medical science and practice
London

David Cotterell kept a diary of his experiences while embedded with the British Army in Helmand province. In it he documented his concerns for the soldiers, the tragedies he witnessed and his ambivalence about his role as an official war artist. Along with the films Cotterell made (picturing which medical profession over the past 150 years. Artist Shona Illingworth also looks at the psychological implications of warfare in her video, *The Watch Man*, which details a watchmaker’s traumatic memories of the second world war. 

*The Wellcome Collection*

BVL 15198
Conflict under the knife

A surgeon's view of battle wounds old and new

Andrew Graham-Dixon

War and Medicine ******
Welcoming Collections London N1V (020 7601 2022) to 15:16:20:09

When the First World War was at its height, Henry Tonks, a professor at the Slade, found himself serving in the Medical Corps of the British Army. Although qualified as a surgeon, he was also an artist by profession, painting landscapes in a fluent, accomplished, conservative style that owed much to the French Impressionists. His wartime duties also required him to paint portraits, albeit of an unusual kind.

As part of his work in the 'facial reconstruction' unit, he depicted the terrible wounds suffered by young soldiers. He painted men without ears and noses, or with pockmarked faces. The attempt to give life to a dead man was a poignant reminder of the horror of war.

The resulting pictures were among the most moving visual documents of the Great War, full of pathos yet also touched by a deep irony. They are the work of an artist who had little time for the avant-garde movements of his day, but who found himself, none the less, forced by a terrible reality to paint pictures resembling nightmare, modernist visions - faces melted by fire into screaming Expressionist masks, faces rearranged by shrapnel and shot into living Cubist collages.

Each image is labelled with 'Disfigured Soldier Number 18' - although the artist's fellow-feeling for his traumatised subjects is painfully apparent. There was no surgical requirement to capture their expressions, but he did so. The look in the young men's eyes is dazed, desperate, trapped.

Tonks's pictures are owned by the Royal College of Surgeons and infrequently exhibited. War and Medicine offers the rare chance to see a selection of them. But there is more to see than Tonks's work. It addresses the interwoven histories of modern warfare and modern medical techniques. There are sections treating the Crimean War as well as the First and Second World Wars. Vietnam and modern Afghanistan are touched on. The approach is thorough and well-balanced.

Historical, at that, for example, eighteenth-century medical advances in hygiene are explored through an account of Florence Nightingale's work. This is not, strictly speaking, an art exhibition, although art, design and film are often part of it - sometimes in surprising ways. For example, Florence Nightingale used the latest tools of the 19th-century design, such as statistical pie-charts and diagrams, with great effectiveness, to persuade those in authority to see the difference between a military hospital that took hygiene seriously and one that did not.

And while Tonks was using the tools of his art to record the wounded faces of injured troops, sculptors would be employed in an attempt to remedy such terrible damage. The show includes a disturbing but utterly convincing early black-and-white film in which a man with almost no face is fitted out with a mask made in the studio of a now forgotten early 20th-century sculptor. Another object lesson in human ingenuity under conditions of crisis is the small but poignant design for a cigarette-rolling device intended for use by men with no hands. In the same section, artists and engineers are found forming an unusual alliance to pioneer the design of early prosthetic limbs.

One of the most memorable displays brings a selection of experimental models together - replacement arms, legs and hands for the huge proportion of young men who had to live with such disabilities in the 1920s and 1930s.

Around every corner there's something that fascinates and disturbs, whether it is a letter from a hapless soldier in the Crimean War lamenting the government's 'typical' stupidity in sending out pockets of coffee unsound - or a long-suppressed American military documentary about the psychological trauma suffered by soldiers during the Second World War.

There are moments of black comedy, such as a public information film designed to teach blinding Londoners how to treat flesh wounds using make-up and special effects of the kind that would become the hallmark of Hammer Horror movies.

There are also a number of contemporary works of art, including an all-enveloping video installation by David Cotterell that knowledgeably transports the viewer into the belly of a modern Hercules flying to the aid of wounded soldiers in Afghanistan.

A polemic can perhaps be inferred from the exhibition, since its core argument is plainly that those who fight a nation's battles pay a terrible cost and deserve the best and most sensitive care.

Yet perhaps because it straddles so many areas of modern journalistic specialisation, War and Medicine has received little attention in the press. That is a pity. Anyone with an interest in the past, and its relationship to the present, will find it enthralling.
Battle on two fronts

Neville Hawcock on the professions of killing and curing, and the art that reflected them both

The days are short, the news is grim... How shall I cheer myself up? I know, I'll go and see the War and Medicine exhibition at the Wellcome. That should do the trick.

Or maybe not. The Wellcome Collection has a tough sell on its hands with this show, a collaboration with the forbiddingly named Deutsches Hygiene-Museum in Dresden. But don't be put off: provocative, chic, intelligently curated, outlining the tangled relationship between the killing and the curing professions, it is well worth the excursion.

The first thing you hear is the dense rumble of prop-driven aircraft engines. This is the soundtrack to "Theatre", a film installation by the Sheffield-based artist David Cotterell that was produced after a Wellcome-funded placement last year with a British army medical unit in Helmand province, Afghanistan. It displays, across three walls of a surprisingly dark screening room, footage of the dusty, cavernous interior of a transport aircraft. In it, figures in camouflage fatigue come and go, sometimes attending to a stretcher at one end of the fuselage, sometimes, clipboard in hand, quizzing figures seated at one wall. Presumably we're evacuating the wounded - or rather, pretending to, for we can also see, at one end of the aircraft, a hatch leading to a brightly lit space with a phone in it. What is going on?

"Theatre", it turns out, is a re-enactment of the last day of training for army medical crews before deployment to Afghanistan or Iraq, a full dress rehearsal for the real thing. A caption explains that Cotterell, who accompanied one of these rescue flights during his secondment, wants to evoke "the sense of abstraction experienced as a civilian witness to the treatment received by combat trauma victims..." But in this he surely succeeds: the muted lighting, the drone of the engines and the cryptic goings-on give the work a hypnotic quality.

It's also, given the modesty of Cotterell's aims - no gory didacticism, no voyeuristic striving for realism - a fitting prelude to this sensitively curated exhibition. There are some challenging sights here, notably in the section dealing with the plastic surgery pioneers Harold Delf Gillies and Archibald McIndoe, but little blood and guts. Some of the most affecting exhibits are the most underated.

At the start, for example, in a section devoted to the simple improvements in hygiene and organisation that have saved lives from the Crimean war on, is a blow-up of Florence Nightingale's famous diagram showing causes of mortality during the Crimean campaign. A strange combination of pie and bar chart (the nursing pioneer called it her "coxcomb" diagram, as vivid as a cockerel's crest), it makes it devastatingly clear that deaths from infectious diseases far exceeded deaths from wounds.

The Wellcome stages out Nightingale's numbers with contemporary accounts of the wretched conditions endured by soldiers on that bitter front. A poignant exhibit is a letter home by a Captain George Boldero, the handwriting shaky and spidery because injury to his right arm obliged him to write with his left. A caption tells us that it took him eight days to reach the hospital after being wounded.

A strong point of the show is its juxtaposition of old and new, of fine art and design - Abram Games posters with their clever, clean lines, shell-shocked prints by Otto Dix and George Grosz - and harshly functional equipment. Along the display case from Capt Boldero, sepia script and photographs give way to the bright colours of the triage cards used by today's army medics. Trauma, the practice of sorting casualties by urgency of medical need, was, like Nightingale's hospital reforms, also developed in the Crimea, by the Russian surgeon Nikolai Plougov.

Not all the exhibits are so grim - some are even funny. If only in hindsight: Cigarette cards from 1899 extol the virtues of physical fitness; a second world war British information film about the perils of VD (venereal disease) is presented by an actress with a voice so crisply, skeletally posh that hanky-panky seems emphatically off-limits; a splendidly crude first world war German propa-
ganda postcard contrasts, in one frame, the
strapping specimens reporting for duty in
the Fatherland with the tweedy, stewing and
stumbling peasants that Britain and its allies had to draw on.
But serious pints are being made. In
choosing who should go to the front, in
keeping the troops fighting fit, doctors are
conspicuous in the military machine. Con-
versely, war has accelerated medical
advances: one display cabinet here - in the
section devoted to "The Body" - details the
development of penicillin, ramping for Allied
troops in the closing stages of the second
world war, complete with one of Howard
Florey and Ernst Chain's original culture
vessels and other mould memorabilia.
There's state-of-the-art medical kit, too,
such as absorbent dressings, lung-inflators,
morphine shots, and, from interwar Ger-
many, whitey prosthetic arms. There's a cer-
tain horror here, too, residing in the sur-
gon's and soldier's focus on the human
being as a thing - a body to be broken or
fixed, destroyed or rebuilt. Man becomes the
plaything of technology either brutal or
benign.
The closing section is devoted to "The
Mind" - to war's shattering effects on mental
health. Of necessity, this is told more
through images than through artefacts. Espe-
cially forceful are a series of etchings from
Dix's War cycle of 1924: a seemingly endless
night-time craterscape, starkly lit by flares; a
uniformed corpse curled festively in the earth;
a dance of death, with dead soldiers pinned
in antlers poses by entangling barbed wire.
It comes as no surprise to learn that Dix
suffered recurrent nightmares after his three
years' service on the eastern and western
fronts in the first world war. But at least he
translated his experiences into these magnifi-
cently stark works; countless others were
left to mull their traumas in obscurity, or
on the street, like the crazy-faced, stump-legged
veteran clutching a bunch of flowers in a
spectacularly unsentimental etching here by
Gross, Dix's contemporary.
The show ends, less savagely and more
poignantly, with drawings by Afghan chil-
dren: a neat return to where we started, and
a forceful reminder that it's not just, or even
mainly, soldiers who suffer in wartime.

'War and Medicine', Wellcome Collection,
183 Euston Road, London NW1, until
February 15. Tel: +44 (0)20 7611 2222
www.wellcomecollection.org

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Orders Abram Games (1914-96), one of the finest graphic designers of his era, turned his talents to wartime propaganda and public education. Above: images appealing for blood donors and extolling physical fitness.

- TAKE A PRIDE IN BEING
- FIGHTING FIT
- YOU OWE IT TO YOURSELF YOUR COMRADES YOUR EFFICIENCY
Going out...

Exhibition
● War and Medicine
The evolving relationship between war and medicine is explored through images and videos.
Welcome Collection, London NW1 (020 7088 2222)

Winter festival
● Gateshead Winter Festival
Festivities include fairytales in Saltwell Park, the lighting of the medieval town walls and Yoko Ono's presentation of outdoor artworks. Newcastle, December 4-31, www.culturegateshead.com

One to book
● Magna Carta: the Origin of British Liberties?
A free short talk that gets to the heart of the British Library's season about freedoms and rights. December 9, 1pm (0870 4441500)

...Staying in

TV
● A Woman in Love and War
Here's another chance to see Jo Brand's exploration of the life of Vera Brittain who wrote Testament of Youth, a memoir of her life, love and losses from the First World War (BBC Two, 7pm)

Radio
● The Three Stooges: Movie Maniacs
The comedy historian Glenn Mitchell looks at the career of the Three Stooges, who, in fact, had six members in total during their five decades in showbusiness (BBC Radio 4, 11.30am)

Web search
● How To Start a Business at Christmas
Find out what the word "mistletoe really means, how to make Christmas decorations and more at tinyurl.com/526owb
Bloody reality

Last year, the artist David Cotterrell went to Afghanistan to observe the work of military medical staff at the main field hospital at Camp Bastion. His diary and photographs, now on show in London, are a harrowing reminder of the cost of war.

03/11/07 Leaving Brize Norton
05:29: Waiting in departure lounge of RAF Brize Norton. After wake-up call at 04:30, breakfast at 04:30, I have successfully checked in for my C17 transport flight to Kandahar. I am the only passenger.

Dressed in combat trousers, desert boots, body armour and with a 20kg bag as hand-luggage, I am relieved to be ready and in the right place. [...]

At 05:30, I am called to board the RAF C17. A small woman appears, looking flustered, and suggests I follow her. The crew are already aboard. I am led up the steps of the squat plane and motioned toward one of the canvas jump seats fixed to the side of the fuselage. Half a million rounds of palletised ammunition is cargo netted around me.

04/11/07 Arrival at Camp Bastion
I find myself sitting among a squad of Royal Marine Commandos. They appear incredibly young. One of them, who looks like a teenager, is wearing a commando knife in his chest webbing. It is hard to reconcile my recognition of this student-aged man with the 8in blade fastened at the ready on his arm. After a strange, paperweight-powered 45 minutes I wake to realise that we had all been lullu into a fitful sleep by the drone of the engines. [...]

The ramp opens to reveal the orange light of Bastion. The sun is setting and vast amounts of dust have been thrown into the air by the landing. The diffused glow of the sun appears to ignite the sky. In the distance I see a burning plume of smoke (apparently the 24-hour waste fires).

05/11/07 First briefing
At 07:00, the lights in the tent crackle to life. I am surrounded by activity. The shower block “ablutions”, like everything else, are semi-communal. I feel conspicuously unstandardised. I try to pretend that my ponytail is not noticeable. (…)

I have an invitation to attend the “ops” briefing at the MED GRF CP. Acronyms describe all units, events and places. I imagine the briefing is confidential, but even if it weren’t, I would need a code book to decipher the language of common usage. “Enhanced threat of VBED” reported by RCFOB Delhi = Enhanced threat of vehicle-borne improvised explosive device reported by regional command, forward operating base Delahi. (…)

An insurgent has been captured and MEET [the medical emergency response team] have brought him for treatment. It seems that he was a suspected mortar commander and has been shot in the leg. We photograph the helicopter approaching and find ourselves coated in dust as the Chinook “wheels down” (WD).

The suspected Taliban fighter is blindfolded and searched carefully with metal detectors before being allowed entrance. A team of about 30 people is waiting. Notes are taken in triplicate as x-rays are taken digitally and he is stripped and prepared for surgery. The wound is not life-threatening and within 30 minutes he is being wheeled, already sedated, into theatre.

The MASH-style theatre is an amazing venue. Under canvas like the rest of the hospital, the theatrical lighting of the operating spotlights adds to the incongruity of surgeons with blue gowns over Disruptive Pattern Material (DPM) camouflage uniforms. We stand well back beyond a striped line on the floor, attempting to understand from a distance what is happening in the bubble of intensity at the far end of the dome tent.
06/11/07 First operation

At 10.00, a nine-liner starts to come through the "Schrie" system: a T1 casualty (meaning evacuation needed within an hour or less — life threatened). I rush to my tent to assemble a selection of lenses, feel a little vulgar; my role is sinister, an ambulance chaser with a camera. I am here (sent by the Wellesley Collection) to consider "War and Medicine" — the role of healthcare in combat. I have never been in the military and have never seen an operation. I am a trauma tourist desperately trying to justify my role -- to others but, more difficulty, to myself.

By 11.00, the helicopter has not returned. I begin to hear little bits of news. The casualty may be in a minefield. It will take at least another hour for the other soldiers and engineers to find their way toward him. He has self-administered morphine and is conscious. I find it impossible to imagine two hours with a mine injury awake and unable to move. At 13.00, the Chinook finally arrives. As it swings on to the HLS (helicopter landing strip), the sand washes over the waiting Land Rover ambulances, and medics run from both vehicles to meet and make the exchange. The soldier is wheeled across. I watch from a distance with a telephoto lens. By the time I have walked past the quartermaster's office to the entrance, the ambulances have arrived. As always, a crowd of some of the NHS's most highly paid and skilled consultants are waiting in DPM clothing.

He is taken to Resus. Awake, in pain and bloody. The doctors adopt varying roles. One doctor stands with a nurse and an administrator at a lectern taking notes of every observation. Others direct the resuscitation, manage the unwrapping of the field dressings, check the vital signs, look for internal bleeding and try to calm the soldier. He is young; I suspect, a Commando.

His right leg has been bandaged in three field dressings—each one can absorb a litre of blood. His foot is unwrapped and clothes are cut away. It strikes me that all the Kit fetish that follows the FOB (forward operating base) postings is discarded. The boots, the webbing, holsters and DPM are cut into pieces, and deposited into a plastic bag for incineration.

The most obvious injury is to his foot. Bone and flesh hang from its centre. The heel protrudes about 2in below the base of his sole. The x-ray explains. There are no fragments of shrapnel. The force of the blast has travelled through the armoured vehicle into his foot and, with devastating effect, has forced the bones from the base of the foot upwards. The neat lattice of bone and tendon has been rotated and pushed away from his heel. The anaesthetist is beginning his work. The soldier keeps shouting "Sh*t" as he deliberately looks around "Don't take my legs," he appeals. "Have I got my legs?" He doesn't believe the doctor who reassures him.

I find myself cold and sweating profusely. I struggle to stop myself fainting. I must not faint.

A patient is given some comfort as he arrives in the field hospital's resuscitation unit.
His right leg has multiple fractures and the knee is crushed. His left leg is also broken.

He is still conscious as they wheel him to theatre. The surgeons wear gowns over their DPM and plastic covers over their desert boots. The soldier is put to sleep, and intense but unhurried activity takes place to untangle the mass of bone and skin. Pieces of bone come off the base of his feet to the surgeon's hands. He cuts away the last bits of muscle and skin symbolically attaching the bone fragments to the soldier and places them in a steel tray. The foot is emptied of dead tissue and takes on the form of a near empty bag of skin. The toes are still attached and have the appearance of some remaining circulation. I pray that the surgeons will decide that the foot will survive.

Despite their appearance, the surgeon suspects that they are no more salvageable. One of the doctors suggests to me that the best case for him will be to lose the lower part of his right leg. I listen quietly but am horrified.

By 15.30, the operation is nearly complete; the wounds are open and packed with gauze. No amputation will happen here. They will allow the soldier to return to Britain as he is. The decision will be made in Selly Oak. Two more injured patients are waiting for theatre.

**07/11/07 Loss of momentum**

I feel dislocated and aimless. I am not certain if my anxiety comes from my ethical fears of delivering a facile response or from the thwarting of adolescent fantasies. I am not certain of my own intentions.

**08/11/07**

Two Afghan children and their dignified elderly-looking father appear from the ambulances. I am struck by how beautiful they are. The son has shrunk to his face and is in pain. The daughter has a wound to her leg and looks like aliens have abducted her. She is wide-eyed and confused. All three are covered in a thick layer of desert dust. Leave them as they are stabilised in Resus, unable to face another operation so soon.

**09/11/07 Major incident**

At about 16.00, the hospital fills. Clerks are rushing to don surgical gowns. Rumours are spreading. Hell at Inkerman (commonly renamed as “Incoming”): 2 TIs, 2 T2s + 1 T3. A “major” incident is declared. Eight more wounded may also be on their way. There are only two theatre teams.
X-rays, clothes cut away. Cleaning away the dirt of battle and consultants comparing notes, MERT medics arrive, covered in dust and in full body armour, to brief the Resusc staff. They appear as if parachuted into A&E.

Periodically, the senior medics pause and convene to compare priorities. I am impressed by this restraint. A scene of violent injuries is dealt with in a strange, professional way. Any one of the cases would be life-threatening. Here they seem to be received as routine.

The first priority becomes visible. As the clothes are cut away, the bizarre and gory scene is unwrapped. There is a gap in his legs. His thighs appear amputated. I feel sick, as I mistakenly fear his groin may have also been destroyed. Bloody mgs and gauze are piled around his legs and in the distance I see figures frantically attending to his mangled body.

I withdraw to meet the surgeons grabbing one last cigarette before the casualties become their charge.

10/11/07 Captain Britton
Captain Paul Britton is scheduled for surgery later that morning. He was wounded at Helmand and evacuated with shrapnel embedded in his shoulder and hand. He had been injured at the same time as last night's casualties, but had refused to leave his squad. A fire-support commander, he had been in charge of a small (now depleted) team controlling mortars, air-strikes, artillery and Javelin surface-to-air missiles.

Britton has a shaved head and full beard. [The surgeon] asks him if his mind is being filmed. The response causes hilarity among the nurses: "Just make sure he gets my good side."

I set up the camera and step back. I can't face another operation and leave as the camera observes for me.

10/11/07 Padre
I pass the tent chapel and a padre jumps out. "I've been looking for you," he says. "I believe you came to see me earlier when I was out." It is true that I had found myself wandering in to the church a few hours earlier. In a slightly maudlin moment I had heard music and followed it inside. It is a cliche to seek redemption and faith in times of fear or trauma. I was feeling both and had found myself enacting the stereotypical route to religion.

10/11/07 CCAST
The mass of lines and tubes almost conceals the mummified soldier. The bulk of the equipment fights against the confined space of the ambulance. Five medics gingerly slide Fletcher's life-support equipment past the snags and handles of the Land Rover ambulance. I sit in the front and we move off at the regulation 150mph. [..]

During take-off and the flight, I am struck by the kindness displayed by the nurses in armour. Even Fletcher is reassured and comforted in his final sleep.

We descend in darkness to Kandahar and as the ramp opens we feel the aircraft spinning around. A majestic sight comes into view. The open ramp of a C17 is waiting, framing an illuminated strategic team. The C130 backs up to its larger sibling until 50 yards of asphalt separates the two worlds of tactical and strategic care. [..]

Standing on the runway between these two great transport aircraft, I watch the stretchers being ferried across, illuminated by an honour guard of ambulances and Toyota pick-up trucks. I feel a strange sense of calm as the patients, strapped into the stretchers and protected by an assortment of Day-Glo equipment, are received by the C17 strategic CCAST (combat medical technician) team. I feel that some of the tension has passed away. They are crossing a threshold on the runway between combat and care. Their guilt about leaving the friends and duty, which appears so present at Bastion, seems to be left in the Hercules. As the stretcher crosses the halfway point between craft, it crosses a threshold. The gravitational pull of home overtook the longing for the immersive A&E community. Powerless to resist, there is no shame for the soldiers. Their injuries answer any inquiries. The comfort, care and cleanliness of the civilian world beckons. The CCAST evokes their cargo, outnumbering the patients three to one, and envelop them in the warm light of the C17 cathedral.

Postscript
During my month-long stay in Helmand, two British soldiers died, 19 were wounded in action and there were 74 admissions to the field hospital. Seventy-one Aeromed evacuations were recorded and an undisclosed number of civilian, insurgent and Afghan National Army soldiers were treated. I arrived back in Britain feeling a great sense of anger. I was frustrated by my previous ignorance of the
frequency of injury. Soldiers are surviving wounds that would often have been fatal in previous conflicts. Body armour, medical training and the proximity of advanced surgery to the front line have led to a "disproportionate" number of casualties surviving. In the media, we hear only about the deaths, with occasional reference to the wounded. I came home assuming the violence I had witnessed in Afghanistan would be the focus of the news. But reality television, local politics and other less dramatic events occupied the headlines. For me, the incongruity between what I had seen and what was presented as the public face of conflict was, and continues to be, profound and irreconcilable.

War and Medicine is at the Wellcome Collection, 183 Euston Road, London NW1 until February 15. Details: www.wellcomecollection.org/war-medicine

On the web
In pictures: View more photographs from David Cotterell's Afghanistan trip
guardian.co.uk/world
The medical team deals with civilian casualties as well as military
Where science and art are encouraged to meet
Stuart Jeffries profiles the work of the Wellcome Collection

On the wall of the Wellcome Collection in London is a colour pencil drawing of a man's crotch that makes me wince. It is a self-portrait, featuring a dangling penis, curvy thigh hairs and a post-operative scar indicating that the subject has had a testicle removed. It is by Michael Landy, the British artist perhaps best known for his 2001 artwork Breakdown, a performance piece in which he destroyed everything he owned at the old C&A store on Oxford Street.

But it's the title that leaves me open-mouthed. Left-Side Orchidectomy. Beauty and surgical procedure combined in a single discombingulating word. Later, I find myself surfing the Cancer Research UK website to get a sense of what orchidectomies are — which is probably a good thing, men like me don't know where their prostate is, still less that an operation to reduce prostate cancer's impact has such a lovely/ridiculous name. Anything that helps reduce ignorance is good, isn't it?

The Wellcome Collection is aimed at fulfilling pharma magnate Sir Henry Wellcome's vision of "a place where people could learn more about the development of medicine through the ages and across cultures" (which sounds off-puttingly worthy), and "where you can consider what it means to be human" (which — at least to me — doesn't).

Since its new galleries opened last year, the temporary shows have made the Wellcome Collection one of London's more exciting galleries. Its first show was about the heart. The dull thump of a heartbeat pursued visitors as they explored an exhibition that included Leonardo's dissection drawings, a heart-lung machine and live heart surgery beamed in from Cambrige. It has since put on shows called Sleep and Dreaming, and another called Skeletons; London's Buried Bodies, in which 26 skeletons of Londoners were exhibited, each accompanied by a recent photograph by artist Thomas Adank of the burial site where they were discovered.

Art, then, works with science at the Wellcome Collection, sometimes more or less as its handmaiden. In 1959, the British scientist and novelist C.P. Snow argued that there had been a communication breakdown between the "two cultures" of modern society - the sciences and the humanities. The Wellcome Collection wants to be a place where that cross-cultural communication can be defibrillated, where artists and scientists might do more than eye each other suspiciously. "The central idea is that medicine and health are too big to be left to scientists," says Ken Arnold, Wellcome's head of public programmes.

The Collection is part of the Wellcome Trust, which was established on Sir Henry's death in 1936 as an independent charity funding research to improve human and animal health. It has an endowment of £1bn, making it the UK's largest non-governmental source of funds for biomedical research — and some of that endowment is used to house Wellcome's collection of medicine-related artefacts and to stage temporary exhibitions, talks, musical evenings. It is even developing a sideline in book publishing.

But what is its USP? Surely artists were considering the human body long before Wellcome? "Absolutely," says Arnold. "There are so many interesting, engaged artists who would be doing what interests us anyway. We either commission them to extend their research or just show what they have been up to."

It was this spring's exhibition, Life Before Death, that put the Wellcome Collection on the map. It was a big thematic show, consisting of portraits of 24 terminally ill people before and after death, all photographed by Walter Schels, an artist terrifed of death. Art critics found themselves blindsided by the emotive power of an exhibition that unfailingly examined our mortality. "We kept finding hand-helded critics and members of the public crying in the galleries," said curator James Peet.

Gunther von Hagens, whose Body Worlds exhibition is more likely to make visitors faint than cry, has said his aim was "entertainment", an ugly word that beautifully captured what he is up to. "I want to bring the life back to anatomy," he said. The living could handle a dead man's lungs and resolve, perhaps, not to smoke. The Wellcome Collection doesn't work that way. "We don't have to make shows for the lowest common denominator," says Arnold.
"But we do accept the charge that we are about helping people to learn something."

Much of the art in the Wellcome's permanent show Medicine Now is disturbingly educative. But the collection can sometimes find beauty in the most unexpected places. Earlier this year, it put on an exhibition called From Atoms to Patterns, tracing the postwar British tradition of using x-ray photographs since the Crimean war. "Apart from anything else," says Peto, "it will ask what is the politics of medicine when it is involved in keeping a war effort going? The biggest problem of warfare is that it keeps away what it is to be humanising — how, you might ask, can medicine be part of that?"

A typically bravura show, put together with the Deutsches Hygiene Museum in Dresden, it dares to tackle big ideas and to answer troubling, topical questions. It does this through the analysis of medical interventions including the wartime dramas of Florence Nightingale and Mary Seacole, the birth of psychiatry as a response to shellshock in the first world war, and through David Cotterell's installation, recording how surgical teams operate behind the lines in Afghanistan.

What seems especially striking about the relationship between art and medicine is that, as armies have developed increasingly sophisticated ways of harming their enemies, medicine has had to respond virtuosically to the changes in types of wounded casualties and increases in their numbers. I didn't really know much about this issue and certainly haven't thought enough about what kind of sick society would organise itself that way. Thanks to the Wellcome Collection, I am once more in serious danger of learning something.

The central idea is that medicine and health are too big to be left to scientists'

of crystalline materials to supply beautiful textile designs.

Despite such delights, the collection has faced several critical brickbats. When its new 30m exhibition spaces opened last year, some critics hated them. They especially disliked Medicine Man, the permanent exhibition showcasing part of Henry Wellcome's collection. "It seems," wrote veteran Cassandra Brian Sewell, "a haphazard agglomeration of worthless objects accumulated by a magpie mind that from time to time remembered that its prime interest was medicine."

Arnold says this verdict is unfair. "Wellcome was the last great collector. He didn't collect as a connoisseur but as a research project. That's why he seems incomprehensible to some critics. He had an understanding that humankind has a dominant interest in preserving our health and also in finding out what's inside us."

But surely Sewell has a point? Wellcome collected anything even vaguely related to medicine and some fated items are merely dubious secular relics: Napoleon's toothbrush, Nelson's razor, Florence Nightingale's moocasins and a lock of George III's hair. And some critics have been equally dubious about the Wellcome's temporary shows. For all the popularity of the Sleeping and Dreaming show, Jonathan Jones weighed in with a two-star demolition job in the Guardian that concluded: "I love the idea that art and science can become one, but this exhibition makes me wonder if they are compatible at all."

Now the collection has launched its most ambitious show, Called War and Medicine, it aims to trace the history of this odd couple.
A painful vision of healing in wartime

Exhibition Rachel Campbell-Johnston

War and Medicine
Wellcome Collection, NW1

★★★★★

Where we seek most to harm, we also need most to heal. This is the uncomfortable paradox at the heart of the Wellcome Collection's latest show, War and Medicine looks at the ways in which mankind's desire to help and cure must keep pace with a rapacious urge to maim and kill. So, while this show may be historically fascinating, scientifically informative and ethically challenging, don't expect it to be uplifting or — least of all — fun. This is the flip side of the army recruitment campaign.

Beginning with Florence Nightingale nursing in the middle of that military and medical disaster, the Crimea, the show leads the spectator through 150 years of conflict to end up in the black roaring belly of a modern Hercules aircraft (filmed by David Crotell) in which doctors train, amid the oily filth, to take the wounded from the battle zones of Afghanistan.

In between we learn about anything from the initial creation of a fit fighting force through the maintenance of this human war machine by proper nutrition and sexual health campaigns to its final repair with facial reconstructions and prosthetic limbs.

The Wellcome Foundation has its own rich — and often freakish — collection of material to draw from, as well as loans from the Imperial War Museum and the Deutsches Hygiene Museum in Dresden. This is not a show of great artworks, though there are evocative canvases by war artists, a few contemporary commissions and a series of Otto Dix prints, which take the spectator down into barbarous trenches and have a horrible haunting power.

War and Medicine is more an assemblage of memorabilia: salvaged objects ranging from ration boxes, gas masks and diaries, letters, sketchbooks and photographs to medical sketches or a liturgical kit to deliver the last rites, which together conjure the realities of a seldom-told story.

Everywhere you turn is something to surprise (did you know that Florence Nightingale was an accomplished designer?); to intrigue (how do you roll a cigarette when you have just lost your arm?); to make you peer (an entire world is captured in that one page of a diary); to smile occasionally (a mailman's guide on how to fake anything from a hernia to a limp); but far more often to flinch. Here are images of physical maiming and psychological mangled to make even the most guing-ho pro-war propagandist feel a twinge of profound human shame.

But it is precisely where this show is most painful that it tells its story most powerfully. Look at the film of a bomb-damaged soldier having a facial prosthesis fitted. The surgeon loops the painted tin mask round his patient's ears and stands back to monitor the result.

What is the soldier's response? We will never know. The patient has no face left through which he can speak. Exhibition opens tomorrow 020-7611 8888
War and Medicine
Brilliant exhibition on the relationship between war and healthcare, starting with the Crimea and ending with Iraq
Welcome Collection, to 15 Feb, Euston Rd, NW1, 020 7611 2222
Steinberg’s witty lines

Top Picks

Steinberg’s wavy lines

London in art

Monochrome Saul Steinberg (1914-1989) was an artist who lived by his wits rather than his work. It’s an old adage that to become a successful artist one must have a good head—or at least a good idea. For Steinberg, the idea was his inscription, "Take a walk on the wild side," which he then inscribed on hundreds of his works, including his famous "Landscape with a Man," which has now been sold for $3 million.

Steinberg was a great draftsman, and his drawings were a hit at Dick

ich it is possible for the first time to show the force of the wind with a 50-metre-long 25-ft. long "Landscape with a Man," which he then inscribed on hundreds of his works, including his famous "Landscape with a Man," which was sold for $3 million.

Where Elite Buyers Find Luxury Properties

- As a newly minted millionaire, you've likely heard the expression "like a fish out of water." That's because your tastes have outgrown your means.

- At the same time, you've also realized that the high-end market is a very competitive one, and that you need to be careful about how you spend your money.

- In this respect, Bloomberg's recent article, "Where Elite Buyers Find Luxury Properties," was a welcome reminder of the importance of making wise investments.

- The article, which was published in the Wall Street Journal, highlighted the most popular luxury properties around the world, including those in New York, London, and Paris.

- According to Bloomberg, the top luxury properties are characterized by their location, design, and amenities, and are often located in areas that are rich in history or culture.

- The article also noted that the luxury property market is not immune to economic fluctuations, and that it is important for buyers to consider the long-term value of their investments.

Waterfront Properties

- As the days get longer and warmer, many people dream of spending their summers by the water. Whether it's a lake, river, or ocean, there's something about being near the sea that has a calming effect on the mind.

- This is especially true if you live in an area that is known for its beautiful scenery and outdoor activities.

- In this regard, the article "Looking for a Waterfront Property?" in the Wall Street Journal, was a great resource for anyone looking to buy a waterfront property.

- The article highlighted the benefits of owning a waterfront property, including the opportunity to enjoy the surrounding landscape, the chance to engage in outdoor activities, and the potential for increased property values.

- It also noted that purchasing a waterfront property can be a wise investment, as the market for such properties is often very stable.

- Overall, "Looking for a Waterfront Property?" was a great guide for anyone looking to buy a waterfront property, and it's definitely worth checking out if you're in the market for a new home by the sea.
WSJE(1/23) WEEKEND JOURNAL:
Top Picks: Steinberg's Witty Lines

(From THE WALL STREET JOURNAL EUROPE)

London -- art

Romanian-born Saul Steinberg (1914-1999) was an artist who lived by his wits rather than his feelings, so it's only natural that he would become a cartoonist -- one of the greatest ever. "Illuminations," now at the Dulwich Picture Gallery (and headed for Hamburg's Museum fur Kunst und Gewerbe in March) shows just how brilliant he was at tweaking the sophisticated funnybone.

That Steinberg was a great draftsman hardly needs arguing, but at Dulwich it is possible for the first time to see the staggering, extended proof: the 10-meter-long, 1954 drawing "The Line," which has always before been exhibited with some of its 29 folds. At the far left the artist's hand poleled above it draws the continuous line, which begins as a canal in Venice, becomes a washing line, then the top of a railway viaduct. Without much attention to scale, it crosses continents, depicting artifacts, people and landscapes; and ends on the far right as an airport runway, the architrave of a Beaux Arts building, the frozen surface of a lake and, finally, the line drawn by the same right hand, but from below.

The lumber-room of Steinberg's mind was filled with the objects of the 20th century. His sculptural "Library" with its books made of wood, included authors called "Kipling" and "Isaiah Berlin"; he adapted Picasso's line to draw society women that were mostly noses; he subverted cartography in a way that anticipated Sarah Palin, so that mapmaking became entirely subjective in his famous cartoon for the New Yorker magazine, in which Russia could be seen across the Pacific Ocean from 5th Avenue.

There is no menace even in his villains: the crocodiles that represent the bad guys (us) in the Vietnam War; his not-quite-right Mickey Mouse; the skeleton with the black flag bearing a cornucopia in "Allegory" or (in the same picture) the equestrian statue with its failed revolutionary rider toppling off a column dated 1871, which in turn stands on a plinth dated 1848 at the top and 1789 at the bottom. In Steinberg's art, wit almost always trumps emotion. He's too observant of our foibles, and of history itself, to feel angry.

-- Paul Levy
Until Feb. 15

44-20-8693-5254

www.dulwichpicturegallery.org.uk

Berlin -- art

In transit between several venues since 1989, the collections of Berlin's Egyptian Museum will finally be re-installed later this year in their restored pre-war home, the Neue Museum on Berlin's Museum Island. Highlights from the collections have been on display for a few years in the nearby Altes Museum, and the Egyptian Museum's curators have decided to close out their sublet with a modern art installation.

"Giacometti, the Egyptian" places 10 sculptures and two drawings by the great Swiss artist Alberto Giacometti (1901-1966) alongside ancient Egyptian works that either directly inspired, or indirectly influenced, his own works. The installation itself is nothing if not discreet, and many visitors, in search of the museum's star attraction, the bust of Nefertiti, might not even realize it's there.

But in a quiet, dramatic way, the show is a sensation. We may never look at Giacometti -- or, for that matter, at Egyptian art -- quite the same way again.

Born in a remote Italian-speaking Swiss valley, Giacometti made his way to Paris, where he became the artistic pat of the Surrealist movement. By the mid-1930s, he had broken with Surrealism, and over the next decade he developed a new style, which is among the most distinctive in modern art. A mature Giacometti sculpture -- like "Man Who Walks" (1947), included in the Berlin show -- is unmistakable: a distorted stick figure with a frozen gait and a stubborn trace of an identity. To a world that had barely survived World War II, Giacometti's solitary figures were like mid-century Everymen, somehow suggesting both the recent history's victims and its survivors.

The Berlin show manages to transform our impressions of "Man Who Walks," which is paired with the clench-flated, dancer-like "Standing-Striding Figure" (circa 1900 B.C.). Suddenly the static Giacometti work, whose title seemed ironic, suggests real motion; no longer interpretable as a meditation on the past, it seems like a timeless study of the moving human form. Other pairings include an austere
sculpture of the artist's wife, called "Annette VIII" (1962), with the iconic bust of Nefertiti (around 1350 B.C.), whose gaiety and glamour make her seem like a handmaiden to the more regal Annette.

Critics have long known about Giacometti's interest in ancient Egypt. But only now, with the formal pairings of similar-looking works, can we see to what extent the Giacometti "look" is inspired by the curious mixture of steels and dynamism that characterizes ancient Egyptian art. Just as the Egyptian figures lend movement to Giacometti's sculpture, those sculptures, with their stripped-down but vivid sense of self, bring out a quality of individual personality, and even intimacy, in the often mysterious, monumental Egyptian works.

-- J.S. Marcus

Until Feb. 15

49-30-2090-5577

www.sm.bspk-berlin.de

London -- art

Reason says it is impossible to see how war can be reconciled with healing, and that is indeed the conclusion I reached from seeing the new exhibition "War and Medicine" at the Wellcome Collection. This is a disturbing show, which is entirely to the credit of the several co-curators in London and Dresden (at the Deutsches Hygiene-Museum); despite the many horrible illustrations of the malmed and close-ups of wounds, the spectator never gets jaded or overcome by gore. The displays remain as horrible and moving at the end of this large show as at the beginning, which is a strikingly beautifully filmed three-screen installation commissioned by Wellcome from British painter and war artist, David Cotterrell. He travelled to Afghanistan, supported also by the Ministry of Defence, and filmed frontline soldiers, in particular the daily activities of the armed forces' medical staff.

If there is a single, overarching concept that rules the behavior of medical people in wartime, it is triage, the principle of separating battlefield casualties into the dead or certain to die, the seriously wounded, and those not so seriously wounded and prioritizing their need for treatment.
The first area of the exhibition deals with the inherent tension of this for Florence Nightingale during the war in the Crimea. But it also features Nikolai Plirogov, the opposing Russian army surgeon responsible for implementing their system of triage. The need for triage remains and so does the chilling truth: that the military imperative is often to treat the least damaged first, so as to return them to the fighting as quickly as possible. While this goes against the instincts of most medical doctors, it very often is their plain duty to neglect the worse suffering of the more badly injured. It is the trade-off for the experience they get themselves -- as Hippocrates said, "he who desires to practice surgery must go to war."

This splendid, provocative exhibition covers the last 150 years, with generous sections on both World Wars, right through the conflicts in Vietnam, the Falklands, Afghanistan and Iraq, dealing with poison gas and prosthetics, artists and facial reconstructions, civil defense and public policy; and, in its most troubling single exhibit, a last letter home from a mentally distressed World War I "deserter," one of those barbarously shot by the British military.

-- Paul Levy

Until Feb. 15

44-20-7611-2222

www.wellcomecollection.org

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(END) Dow Jones Newswires

January 23, 2009 00:30 ET (05:30 GMT)

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Medicine and War: is war ever responsible for human progress?

A British soldier injured in Afghanistan is treated in a helicopter. A picture form the exhibition

The grotesque way in which the military and medicine are linked reveals much about our society, says Sin Ruddick. The horrors of war are usually hidden from public gaze. The images we are allowed to see are those of soldiers setting off for war, on parade on their return, and - very occasionally - being carried home in flag-draped coffins.

What happens to those who have been horrifically injured is deliberately kept from us - it is an all too powerful reminder of the reality of military conflict.

This makes the War and Medicine exhibition by Wellcome Collection even more important. It brings together the constructive and destructive aspects of humanity, and looks at how, during war, these two seemingly paradoxical elements collide.

War and Medicine assesses medical methods using statistics, images and testimony from the Crimean War of the mid-19th century to the conflicts in Iraq and Afghanistan today. In doing so it presents us with missing pictures of the casualties of war.

The exhibition opens by comparing the numbers killed in military conflicts - yet only the figures for the Second World War and the Vietnam War include the civilians who perished.

These horrific numbers are accompanied by a quote from the Prussian military theorist Karl von Clausewitz, who said, Statistics in war are never exact, seldom truthful and in most cases, full of intentional misrepresentation. Medicine has developed alongside war in order to deal with the casualties and preserve the military's ability to fight. Some argue that in this way war has helped science, and medicine in particular, to progress more rapidly than if human history had been characterised by peaceful coexistence.

But this theory disregards the way many medical developments have often been driven by the need to heal war wounds - like intensive burns or lung damage brought on by poisonous gas - rather than diseases born from poverty, like TB and malaria.
And, of course, medicine has been driven by the need to make profits.

Reconstructive facial surgery was pioneered during the First World War. It developed and continues to be used to productively change lives today. Yet it is hard to think of plastic surgery without thinking of the way it has been used to cosmetically mutilate bodies – mainly women's – as a way to reach a physical ideal. The incredible technological developments that have taken place over the last century are well illustrated in War and Medicine. The exhibition shows that science can be used for both destructive and productive purposes, but that it is the priorities of society that will shape this.

One of the most poignant sections of the exhibition is entitled The Mind. It looks at how war damages mental health and how medicine has sought to treat it.

During the First World War there were over 80,000 cases of shell shock among British troops. Many of the soldiers who were too unwell to face returning to battle were shot as deserters or cowards.

Today, post-traumatic stress disorder (PTSD) is a recognised condition, but away from the front the treatment of soldiers who suffer from it seems to have changed little.

Video clips show veterans from the Falklands and Vietnam wars, as well as US marines serving in Afghanistan today, speaking of the same problems as their counterparts who fought in the trenches of the Somme.

In war, and the macho frenzy that accompanies it, soldiers often feel unable to talk about the horrors they've seen and can't forget. Constant nightmares and changes in character are just some of the ways combat stress destroys lives.

One US marine says, if you have a problem in the army you don't talk about it – people will think you're going soft. I felt like I was cracking up! this war makes you think 'Man, will this never end'? Extracts from the Vietnam film Winter Soldier sit beside video interviews with victims of the Hiroshima bomb baring their scars.

I left the exhibition feeling that the military's need to decisively beat the enemy will mean that the disastrous effects of war will only increase as our technological ability to heal and cure grows. What an indictment of human progress!
Medicine and War is at the Wellcome Collection, 183 Euston Road, London until 15 February 2009. Go to www.welcomecollection.org/warandmedicine If you found this article useful please help us maintain SW by

http://www.socialistworker.co.uk/art.php?id=18892
War And Medicine
Until February 15
Welcome Collection

ART

War And Medicine is an
informative, unflinching,
often moving account
of medical advancement as wit-
nessed during major conflicts
since the Crimean War. It is a tribute
to those whose job it is to pick
up the pieces.

David Cotterell’s exhibition
opener, Theatre, puts the viewer
in the position of an injured sol-
dier being evacuated to safety in a
Hercules transporter plane. There
are nods to clever conceptual art —
the film is actually a reconstruction
of a training exercise — but
these don’t diminish the work’s
atmosphere, its sense of blurring
claustrophobia and the terrible
drone of the plane’s engines that
can be heard throughout the show.

Normally, sound leakage of
this sort would grate. Here, as
time and again we witness the
destruction wreaked by unach-
iness of various kinds, the noise
creates an ominous soundtrack.

We see pierced helmets, a splin-
tered skull, a set of operating
scissors for saving lives on the battlefield,
a liturgical kit for delivering the
last rites. Though this is not really
an art exhibition, there are many
easpects of art by those terrifyingly
close to the action.

The German Expressionist
Max Beckmann, who was 30 when
the first world war broke out,
worked as a medical orderly until
he was discharged following a
nervous breakdown, and in his
1914 print he plunges us into the
tumult of the operating theatre.

Paintings of facial reconstruc-
tions by the British surgeon and
war artist Henry Tonks — who
worked at the plastic surgery unit
in Sidcup during the first world
war — are the closest missing here
of art and science. Elsewhere, sur-
vivors’ stories, their achievements,
agonies and quiet testimonies,
bring to mind Bertrand Russell’s

comment that “war does not deter-
mine who is right, only who is left.”
Welcome Collection, 189
Baron Road, London NW1
(020 7511 2222, www.welco-
collection.org)

Martin Cooper
The exhibition is a tribute to those who pick up the pieces.
Exhibition
The complexity of medicine and war

There is horror inscribed on the body at war. As one infantryman scrawled in a scrapbook being passed around the wards of a convalescent hospital during World War I, "the sights cannot be explained in writing. Writing is not my line. No fighting either for them that wants to let them fight Because I will never like it no no neve". When faced with the mutilated, agonised, and contorted flesh of combat, there is only terror. As the World War II poet and combatant, Shawn O'Leary, expressed it in his poem of 1941:

"And I--

I mow and glibber like an ape.
But what can I say, what do?--

There is no saying and no doing."

Attempts by physicians to alleviate the reality of dismemberment, disease, and psychological shock arising from war can only be limited. Near the start of the 1914-18 war, medical officers like James Henry Bible left England "filled with the anticipation of cutting off legs and arms upon the stricken field, amidst a hail of shrapnel and machine-gun bullets". Heroic acts of surgery and medicine would triumph against the corporeal havoc wreaked by combat. By the end of that conflict, however, the bitter reality had been exposed: the healing art had become a killing machine.

The Wellcome Trust has a long tradition of investigating this paradox. In December, 1914—less than 4 months into a war that was to see some 703,000 British men killed and about 1,693,000 wounded—the Wellcome Medical Museum opened an exhibition on "objects and relics" of wartime surgery. They boasted about the "rude instruments which surgery has at its disposal as a beneficent agent in war". A "fearful and wonderful assortment of amputation knives and saws", instruments to extract bullets, and tourniquets used to arrest haemorrhages were on display. Visitors to the exhibition were not to know that, within just 4 years, more than 41,000 British men would have their limbs amputated by a "fearful and wonderful assortment" of knives, while many others would have had bullets extracted and tourniquets applied to their war-torn bodigies.

"...the trimmings between war mongering and the healing profession are explored with breathtaking realism."

Today, when military personnel are fighting in Afghanistan and Iraq, the Wellcome Trust once again opens an exhibition on war and medicine. In their elegant exhibition space, the tensions between warmongering and the healing profession are explored with breathtaking realism. Organised in partnership with the Deutsche Hygiene-Museum in Dresden, Germany, War and Medicine focuses on conflicts from the Crimean War in the 1850s through to the present. There are over 200 objects, artifacts, and recordings, as well as a video installation, films, and art. The effect is astounding.

Not surprisingly, it is not for the faint-hearted. Visitors have to be prepared to view mutilated and diseased body parts, photographs of men without faces, graphic posters warning about venereal disease, and a video installation (by David Cotterrell) of military surgery in Afghanistan last year. The curators are careful to acknowledge complexities. Not all wars are the same. During the Crimean War, for instance, men died from disease than from shot and shell. The body is not only decimated by war, it is also moulded by it. Major public-health campaigns were directed at civilians, resulting in some striking posters and amusing postcards. There are also poignant reminders of men's need to impose some kind of order in the confusion innate to war. Thus, one soldier who died on the Western Front during World War I carried around with him a tiny collection of grooming products: a toothbrush, shaving brush, nail scissors, and a mirror.

Most confronting, however, are the sections on psychiatric breakdown. 25% of all discharges in the British forces during the 1914-18 war and between 20% and 50% during the 1939-45 war were labelled "psychiatric casualties". In Korea, combatants were twice as likely to become psychiatric casualties as to be killed by enemy fire. During the war in Vietnam, the language of psychological trauma was co-opted by perpetrators of violence. Although now widely accepted as a medical disorder, the invention of post-traumatic stress disorder in the 1980s was viewed by some, for example Allan Young in The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder, as a mechanism that allowed individuals who had tortured and killed Vietnamese women and men to be portrayed (and to portray themselves) as victims of trauma. In this exhibition, there is a disconcerting film of traumatised veterans of the Vietnam war admitting to committing atrocities, early transferring sympathy from their victims to themselves.

War and Medicine opened at an apt time. During World War I, the YMCA circulated a poster declaring "Don't pity a disabled man—find him a job". They were fighting a losing battle. During this war soldiers' mutilations were said to be "badges of their courage, the hallmark of their glorious service, their proof of patriotism", but they were quickly forgotten and the Ministry of Pensions came to see their job as primarily one of limiting state liabilities. Today, injured and traumatised men and
women returning from the theatres of conflict in Afghanistan and Iraq risk a similar fate.

There is no heroic tale to tell about war and medicine. The Wellcome Collection’s War and Medicine reminds us that, in wartime, physicians minister to men’s bodies in order that other men’s bodies can be destroyed.

Joanna Bourke
j.bourke@history.bbk.ac.uk

British army medical team, Camp Bastion, Helmand Province, Afghanistan
DON'T PITY A DISABLED MAN — FIND HIM A JOB
Reviews: Exhibition

War and Medicine Exhibition
Wellcome Collection

A new exhibition at the Wellcome Collection entitled War and Medicine considers the continually evolving relationship between warfare and medicine, beginning with the disasters of the Crimean War in the 1850s and continuing through to today’s conflicts in Afghanistan and Iraq. It has been organised in partnership with The Museum of Man (Deutsches Hygiene-Museum, Dresden).

Bold, emotive, and informative, War and Medicine focuses on modern conflict through the personal experiences of surgeons, soldiers, civilians, nurses, writers and artists. The exhibition covers a wide range of subjects - from the pioneering plastic surgery techniques first developed during World War I to treat disfiguring facial wounds through to the recent controversies surrounding Gulf War Syndrome and the diagnosis of Post-Traumatic Stress Disorder.

Central to the exhibition is the uncomfortable and sometimes paradoxical relationship between war and medicine and the question of their influence upon each other. War and Medicine will show how humankind’s desire to repair and heal is perpetually striving to keep pace with our capacity to maim and kill.

James Peiro, Senior Curator, Wellcome Collection commented: “During times of war those who deliver medicine are confronted not only with the worst that human beings can inflict on one another, but also with a whole range of difficult decisions - ethical as well as medical. Concentrating on the modern era, this exhibition looks at some of the extraordinary difficulties faced by doctors, surgeons, administrators, nurses and their patients in war time. It also considers what has been learned from such extreme circumstances and the wider implications for our society and for our health.”

Sourced from major museums and galleries, throughout the UK and overseas, War and Medicine contains over 200 exhibits - objects, artefacts, and recordings, as well as interpretative material, film and artworks.

War and Medicine runs from 22 Nov 2008-15 Feb 2009 at Wellcome Collection, 183 Euston Road, London NW1 2BE. Admission is free.

Image captions top to bottom:

Painted tin. The mask was made at the Queen’s Hospital, Sidcup by dental technician Archie Lane. During World War I the Queen’s Hospital became established as the leading centre in the UK for maxillofacial and plastic surgery. 1918


A soldier within a blood- flask, referring to the army's need of blood-donations. 1915.

World War I: stretcher bearers of the Royal Army Medical Corps (RAMC) lifting a wounded man out of a trench. Painting by Gilbert Rogers. 1915.
Art
Military responses

After witnessing bloodshed and lives being saved in Afghanistan, artist David Cottrell opens his diary to relive the time he spent on the frontlines of war and medicine.

For the majority of November 2007, I lived in basically the same environment in the Helmand province of southern Afghanistan, where I was asked to oversee the Royal Army Medical Corps and the Royal Marine Commando. I had been sent to this area to evaluate the medical situation and to determine how best to support the medical facilities and the medical teams. The challenge was to provide medical care to the soldiers, and this was achieved by providing medical supplies and equipment to the medical teams.

By providing medical supplies and equipment to the medical teams, the medical situation could be improved. The medical situation in Afghanistan was generally poor, with a lack of medical supplies and equipment. The medical teams were also working under difficult conditions, with limited resources and a lack of support. The medical teams were working hard to provide medical care to the soldiers, and this was achieved by providing medical supplies and equipment to the medical teams.

November 4, 2007: Arrival at Camp Bastion

'As I walked into the camp, I was struck by the overwhelming sense of order and discipline. I could see the soldiers working hard to maintain the camp's cleanliness and hygiene. The medical team was well organized and worked efficiently. I was impressed by the medical team's ability to provide medical care to the soldiers, and this was achieved by providing medical supplies and equipment to the medical teams.'

Stepping off the back of a Humvee at Camp Bastion, I had never been further out of my own country. I had never witnessed a serious medical operation, and before my pre-deployment training a few weeks earlier, I had never visited a military base. Armed with a Geneva Convention civilian ID card, body armour, gasmask, and dog tags, I wandered naively into an environment that had both simplicity and complexity that soon contradicted all of my assumptions. My role was unique. While there is a British tradition of war artists, they are rare enough that each one has

=strongly damaged legs are exposed beneath blue surgical paper, the theatre light illuminating the red of his raw wounds. "That's just the beginning," the head nurse, who had attended the battle, later described. "It's not the easiest job in the world."

That's just the beginning, the head nurse, who had attended the battle, later described. "It's not the easiest job in the world."

Field hospitals are islands of calm in the midst of the chaos, where the medical teams work tirelessly to provide medical care to the soldiers. The medical teams are working in a setting that is not ideal, but they are doing their best to provide medical care to the soldiers. The medical teams are working in a setting that is not ideal, but they are doing their best to provide medical care to the soldiers.

Strangely enough, the medical teams are working in a setting that is not ideal, but they are doing their best to provide medical care to the soldiers. The medical teams are working in a setting that is not ideal, but they are doing their best to provide medical care to the soldiers.

November 6, 2007: Major Incident

Tender through the curtain. The
War of the Wounds As injured soldiers arrive by Chiswick (top), the artist (right) witnesses his first operation (navy)
EXHIBITIONS

EXHIBITIONS
War and Medicine

From trench foot to shell shock to nuclear radiation to being blown apart by bombs, this exhibition looks at how injured and sick soldiers have been treated, and how medicine has adapted and innovated to meet the demands of the battlefield.

What makes this exhibition so engaging is that it goes beyond the frontline, to look at the behind-the-scenes role of medicine, and the human cost of warfare.

There are fascinating military and medical artefacts — from the 1850s Crimean War to the two World Wars and current conflicts. DANELI LAKSHI

The Wellcome Collection, 183 Euston Rd, NW1 (020-7911 2222; www.wellcomecollection.org). Until February 15. Free
Frontline medicine

An exhibition at the Wellcome Collection details the intimate relationship between war and healthcare. Erin Dean reports

WAR HAS brought human suffering on a giant scale but also remarkable advances in medicine. From the bloody British military disaster at Crete in the current conflicts in Iraq and Afghanistan, healthcare has been on the frontline.

This fraught relationship is the subject of War and Medicine, an exhibition at the Wellcome Collection which opened in November. Exhibition co-curator Kate Forde says: 'We thought it was a compelling theme — the troubling matter of this relationship of war and medicine, the interdependency of these two.'

Exhibits show how advances were made and at what cruel cost. For example, reconstructive surgery progressed in leaps and bounds in the Second World War, but only because so many people had suffered appalling facial injuries.

Keeping the home fires burning

Both civilians and soldiers were urged to keep healthy and fit to support the home effort during the Second World War.

Posters raised awareness among soldiers of the importance of personal hygiene and the dangers of sexually transmitted diseases.

Troops in the Second World War were given powder to combat lice and the trench foot that had afflicted so many soldiers in the First World War.

The exhibition also includes posters, such as this one from 1942 by Abram Games, that were designed to encourage civilians to get fit.

A series of 56 cards details a range of exercises for men and women to improve their fitness. Ironically, they were distributed in cigarette packets.

Nearly packaged first-aid kits were also produced as bombing raids put civilians in danger.
Breakthroughs in the treatment of burns

Many men in the Second World War suffered horrendous burns when the fuel tanks of planes or armoured tanks they were using exploded.

Some were so badly injured that no vena could be found to give them fluid.

Sir Archibald McIndoe, who was the cousin of pioneering plastic surgeon Sir Harold Gillas, treated crews in baths of flowing saline, as illustrated in this painting by Alfred Thompson. Painted in 1943, it shows a patient being given a saline bath in an RAF hospital.

McIndoe started the treatment at the specialist burns unit at the Queen Victoria Hospital in East Grinstead after he noticed that the injuries of pilots who crashed into the sea healed more quickly.

'It was a more holistic point of view,' Mr Forde says. 'McIndoe's approach was to treat the whole man, not just the wound. He encouraged patients to sit in on operations and really become involved in their own treatment. It was really quite modern.'

He set up the Guernsey Pig Club for his patients so that they could gain support from each other as they recovered.

Psychological effects of war

This is a still from a 1917 film showing First World War soldiers who are being treated for shell shock in English hospitals by Royal Army Medical Corps neurologists.

Another soldier is a letter from Private Bastien, who was 17 when he was taken prisoner by the British, and taken to a German camp.

The letter says: 'Dear mother, We were in the trenches and I was shot so I went out and they took me to prison. I am in a bit of trouble now and I won't get any money for a long time.'

Private Bastien was court-martialled and executed a month later. More than 350 soldiers were executed by the British for desertion or cowardice. Many of them are now believed to have suffered from mental health problems.

The devastating impact of secondary disease

The diagram, published by Florence Nightingale during the Crimean War demonstrates the devastating scale of illness experienced by the men fighting.

The battle against disease became such an issue.

The two sections of the diagram record the numbers succumbing to epidemic diseases such as typhus, cholera, and dysentery; the red sections indicate deaths from wounds, and the black sections represent all other deaths.

A letter written by Nightingale in a hospital in Scutar in Turkey, described the lack of sanitation that caused diseases that killed doctors and nurses as well as service personnel.

Nightingale's letter says: 'There were no vases for water; no nurses for water; no washbasin; no soap, towels; no beds, no hospital; no clothes, the men lying in their uniforms, with feet and legs covered with blisters. In a degree and of a kind no one could write about these scenes covered with vermin.'
Careless talk costs lives

This letter was the first opportunity an injured British soldier in the First World War had of let his loved ones know he was alive.

The news may have caused relief for relatives, but the lack of information must have caused many worries.

The wording of the brief note, urging loved ones not to worry, had been agreed in advance so that it could get past censors. However, it gives no detail about the extent of injury.
Prosthetic advances

This hazing [in eye was made by dental technician Archie Lane in 1918. He worked with surgeon Harold Gillies, who pioneered the use of plastic surgery for man who came back from war with horrific facial injuries. Lane made more than 100 facial prostheses, including some for women, and was particularly good at mimicking skin tone.

Gillies established the first facial injuries unit at Sidcup, where more than 5,000 service men were admitted between 1917 and 1925.

Pre-operative planning was central to Gillies' work. Before each operation he would spend at least an hour visualising the outcome he intended.

He used sketches, draw on photographs and get sculptors to make casts of patients' faces as he planned their surgery.

Gillies also pioneered the use of skin grafts.

This type of reconstruction could lead to questions about why the treatment of facial injuries was so important, Ms Ford says.

'It raises the question of how much these kinds of things were aimed at patients and how much they were designed for the orlocker,' she says.
Audio slideshow: Army medics on the front-line

When British soldiers fighting in Afghanistan are injured, they get taken to the British military's field hospital at Camp Bastion in Helmand province. Artist David Cotterell spent a month there, recording what he observed for the Wellcome Collection's exhibition War and Medicine. Here, David Cotterell describes what he saw at Camp Bastion, and the front line.

Guidance: This slideshow contains graphic images. Click 'show captions' for photograph information.


Links

If you have any war memories (of any war) to share, the Wellcome Trust would like to hear from you. You can contribute them on this website: http://www.wellcomecollection.org/warmemories

War and Medicine is at the Wellcome Collection, 183 Euston Road, London NW1 until February 16. Details: www.wellcomecollection.org

More audio slideshows

http://news.bbc.co.uk/go/newsFeedXML/moreover/-/1/hi/world/7780166.stm
PICTURE OF THE WEEK

A British army poster from 1943, calling for blood donors. War and Medicine, an exhibition, is at the Wellcome Collection, London, until February 2009. It focuses on conflict through the experiences of surgeons, soldiers, civilians, nurses, writers, and artists. The exhibition will be reviewed in the BMJ in the next few weeks.
'War and Medicine' on the front line

A groundbreaking contemporary exhibition which shows what life is really like on the front line and investigates the relationship between warfare and medicine has been launched at the Wellcome Trust in London.

The War and Medicine exhibition spans the disasters of the Crimean War, in the 1850s, to today's conflicts in Afghanistan and Iraq.

(Picture: Wellcome Trust)

'War and Medicine' has been commissioned by the Trust and the Ministry of Defence in response to artist David Cotterrell's experiences of travelling to Afghanistan where he spent time with British soldiers observing and capturing their daily lives.

Through film and photography Mr Cotterrell has captured the drama of being on the front line, in particular the extraordinary efforts of the armed forces' medical staff and the human stories behind them.

He spent one month in Camp Bastion in Helmand province last year, his trip having been inspired by the realisation that he is part of the last generation to have living relatives who experienced the Second World War.

Mr Cotterrell, who is a Professor of Fine Art at Sheffield Hallam University, explained:

'I'm hoping that the exhibition will help people question their own assumptions of what the troops do. What I've tried to do is begin to understand that there are individual human beings involved. This really highlights the bravery and compassion of those involved. I'd like people to think about war and what our soldiers are doing.

'War and Medicine' runs from 22 November 2008 until 15 February 2009

(Picture: Wellcome Trust)

'I witnessed an evacuation from Camp Bastion in a Hercules which is extremely unusual for a civilian. I was with the injured soldier from his pick up from military theatre right through to his treatment in a medical theatre. I was invited into this panoramic environment which is rarely seen.'
The resulting artwork from Mr Cotterrell’s trip to theatre is two film-based pieces which are designed to show visitors to the exhibition the realities of contemporary battlefield medicine. A five-screen panoramic video shows the treatment of combat victims in Camp Bastion while 9-Liner, a three-screen video, looks at an attempt to bring those injured to the tented entrance of the desert field hospital:

'The experience of creating this exhibition had a massive impact on me,' Mr Cotterrell said. 'As an outsider you think you understand conflict, but you really have a limited understanding. I recognised the amazing diversity within the team; there's a huge range of backgrounds encompassed within it. It really gives you an understanding of the effects on the individuals who are there in the thick of it. It really made me think about the way that war is reported.'

Excerpts from the diary Mr Cotterrell kept during his time in Afghanistan are also included in the exhibition and illustrate what he witnessed in Afghanistan. His work reveals not only the way medicine is administered in combat situations, but also the all too human stories that lie beneath the casualty statistics.

'War and Medicine' runs from 22 November 2008 until 15 February 2009. See Related Links &gt;&gt; for more information.

The uneasy link between war and medicine

By Helen Briggs BBC News Two works of art, two stories. Each portray the stark realities of war in their time, and show how medicine has struggled over the years to heal the injured.

In one corner of the Wellcome Collection, a huge canvas depicts a World War I soldier 'being heaved out of the mud' on a stretcher, as curator Kate Forde puts it.

In another, a 360 degree video installation shows medical staff caring for wounded soldiers in Afghanistan with all that modern medicine has to offer.

Kate Forde says the oil painting, by Gilbert Rogers, is 'quite horrifically realistic'. 'It was painted after the war, but no doubt he was making preparatory sketches while at the front,' she explains. The canvas remained rolled up in the Wellcome Collection's vast stores for half a century, and was flaking and cracked when it was unpacked, she says.

It required several weeks of restoration before going on display to the public. David Cotterrell captured the lives of modern military medics in Afghanistan [Wellcome Trust]. In contrast, the high-tech video installation, by David Cotterrell, was commissioned for the exhibition to show the modern face of war medicine.

The artist spent several weeks in Afghanistan in 2007, witnessing operations in field tents in the desert, and soldiers being flown home for emergency surgery.

Other displays include the plastic surgery techniques first developed during World War I to treat disfiguring facial wounds, through to video stories of the mental scars left by war.

Kate Forde says she hopes visitors will think about 'the contradiction between the destruction of war and the humanity of healing'. It's a subject 'not taboo but slightly concealed', she says. 'People will think about the human cost of war, not just the physical impact.' The exhibition 'War and Medicine' runs from 22 November 2008 to 15 February 2009. It has been organised in partnership with The Museum of Man, Dresden.

FRONTLINE MEDICINE: the often uncomfortable relationship between war and medicine over the past 150 years is the focus of a new exhibition.

Personal experiences from doctors and nurses on the frontline in conflicts from the Crimean War through to Iraq and Afghanistan are part of the event at the Wellcome Collection in London. Advances in medicine made during times of great suffering such as the evolution of plastic surgery in the First World War are part of the exhibition.

Second World War posters that attempted to improve public health (pictured) are also on show at War and Medicine, which runs from November 22 until February 15, 2009. Go to www.wellcomecollection.org for more information.