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Archivists and Artifacts: The Custodianship of Objects in an Archival Setting[*]

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Like most of my colleagues in the archival profession my principal training has been document-based. I have in my custody, however, at the Massachusetts General Hospital in Boston, a large and significant collection of historical objects, including medical and surgical instruments, materia medica, antique baby bottles, desks, rugs, chandeliers, paintings, sculpture, and other objects, big and small. Perhaps the most surprising "artifact" among the hospital's extensive historical collections is a 2600-year-old Egyptian mummy and his wooden coffin, bearing hieroglyphic messages from a distant time and place.

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Ambiguities in the Original Concept

Throughout the 1990s two MGH staff physicians with historical interests independently collected substantial sums of money, deposited in escrow accounts. One of these two funds was earmarked for endowing an MGH Archives and the other for endowing an MGH Museum. These apparently compatible purposes eventually came to rival one another. At the same time money was also being actively solicited for a mural to commemorate the birth of surgical anesthesia on October 16, 1846, for which the MGH takes credit. It is thought by some that the money funneled into the commissioning of this historical painting was deflected from the more serious and urgent purpose of endowing a program or programs aimed at preserving the hospital's historical legacy of documents and artifacts.

After prolonged deliberation by an early iteration of the MGH Archives Committee, the hospital decided to hire a professional archivist to establish an Archives Program, with the expectation that a Museum Program would follow in due course. While interviewing for the archivist position I optimistically offered that I had sufficient knowledge of museum practices (based on two years of part-time experience at Harvard's Collection of Historical Scientific Instruments) to receive and preserve artifacts, pending the establishment of a museum and the hiring of a museum head.

Policies and Procedures

When I created the policies and procedures for the MGH Archives and Special Collections (in my first month of operations) I included

language about artifacts and how I would deal with them. A few excerpts from this comprehensive and carefully worded document follow:

> *Mission Statement: The mission of the Archives and Special Collections Department of the Massachusetts General Hospital (hereinafter the "Archives") is to document the history of the hospital and the people who are a part of that history through identifying, collecting, and preserving historically significant records and artifacts. The Archivist and Curator of Special Collections (hereinafter the "Archivist") has the dual role of dealing with official archival records produced by the MGH and dealing with other historically significant papers, images, and artifacts that do not constitute official records. The Archives will:*
>
> *1. Serve and promote the interests of the MGH by appraising, collecting, organizing, preserving, and providing physical and intellectual access to its historically significant records and artifacts in a responsible manner according to established guidelines.*
> *2. Promote good public relations for the MGH by publicizing its history of accomplishments in health care, research, and social responsibility by means of publications, exhibits, tours, and other appropriate educational measures.*
> *3. Serve the information needs of the MGH administration (as a primary goal) and advance knowledge in the health fields through making historical information available to scholars outside the MGH community (as time permits, and within guidelines established by legal and ethical considerations and in accordance with hospital policies).*

Collecting Policies of the MGH Archives and Special Collections: [Omitted paragraphs, indicated by stars, discuss the acquisition and treatment of official administrative records, historical patient records, publications, photographs, films, sound recordings, etc., of significance to the history of the hospital.]

The following materials will be within the scope of the collecting policies:

[****]

7. Equipment, instruments, and artifacts that have sufficient exhibit value. Ordinarily such objects should relate specifically to the history of the MGH, but may also include representative items that are of special importance to the history of medicine in general. (Historically significant objects too large for practical archival storage may be documented by means of photographs, measurements, and written descriptions instead of being physically preserved.)

[****]

11. Fine arts relating to the history of the MGH and other fine arts owned by the MGH, including paintings, drawings, and sculpture.

12. Antiques and artifacts owned by the MGH, including: antique furniture, clocks, carpets, and mementos; historically significant medical and surgical instruments; and historically significant laboratory equipment.

[****]

The following factors will be considered when making decisions about what to collect, although the ultimate decision in each case will be at the discretion of the Archivist:

1. The Archives will not accept: temporary storage of anything; materials having no connection to the MGH or to medical history; or collections that are offered with conditions or obligations to retain materials as an integrated collection or in any prescribed form.

> *2. Condition, size, volume, and costs of storage will be considered in making decisions about what will be accepted into the Archives. [****]*

The policies and procedures that I drafted were vetted and approved by the MGH Archives Committee, the hospital attorneys, and the MGH administration, as represented by its Chiefs Council. Many of the artifacts and art works included in the broad net cast by the collecting policies were, of course, already in the possession of the MGH but were unlisted, never photographed, scattered, uninsured, and subject to no centralized control, intellectual or physical.

With the help of administrative allies I was able to secure the use of a 26-by-55 foot storage room near the loading dock at a facility rented by the hospital about five miles from the central campus. I filled this high-ceilinged space with recycled, baked enamel steel shelving and proceeded to use it for artifact storage, arranging for newly received paintings and objects, and those not currently on display, to be moved there after accessioning, tagging, and preliminary description. (I maintain paper-based records in several locations, including the Harvard University Depository, which provides bar-coded retrieval and next day delivery. Historical patient records are on deposit at the Rare Books and Special Collections Department at Harvard Medical School's Countway Library under conditions of controlled access. Daguerreotypes are on deposit at Harvard's Fogg Museum. Collections and books needed for ready reference are kept close at hand in my central archives office area, along with materials being processed.)

Art and Artifacts Inventory Project

About two years ago I inaugurated an effort that has come to be known as the Art and Artifacts Inventory Project. One of the main incentives behind this push was the lack of insurance coverage for items not listed and described by hospital records. I was fortunate in having available for this purpose several energetic women from the MGH Ladies Visiting Committee, a volunteer service organization dating back to 1870. I drafted forms for their use, including a preliminary survey form that was sent out with a cover letter from the MGH President encouraging departments to cooperate with the Archives, and a detailed inventory form for use during on-site visits to offices and storage areas. The latter form has space for insertion of a photograph. We are currently in Phase II of the Project (on-site visits). Phase III will bring a qualified appraiser to the MGH to put a dollar value on items identified in Phase II that are suspected of being worth more than the $10,000 per item deductible that is a condition of the hospital's insurance coverage.

Many of the ladies who belong to the LVC are attached to prominent Boston families and have considerable interest in and knowledge of antiques. They are better equipped than I am to identify and describe antiques that have no relationship to science or medicine. I have tried to provide oversight for this project as much as my limited time permits, but the hours I have available are few. A by-product of the inventory, the result that interests me most, will be that a more-or-less complete record of the art and artifacts the MGH owns will be accessioned and preserved in the Archives, even though most of the

items listed and described will remain in the offices and conference rooms in which they were found.

External and Internal Users of Artifacts

My principal external clientele at the MGH Archives and Special Collections consists of scholars in the history of medicine, typically interested in doing research in nineteenth-to-early-twentieth-century administrative or patient records. There's an advantage, I think, in also having available object-based evidence of the history of medicine, such as ivory-handled scalpels, rendered obsolete by the acceptance of aseptic surgery, or an original Morton Inhaler, illustrating the mechanics of how ether was administered at the MGH in 1846 in the first public demonstration of surgical anesthesia, an event that forever transformed the practice of medicine. Gigli saws, trephining devices, lithotomy tools, and old topical radiation therapy machines fascinate all but the most jaded medical historians. Direct inspection of artifacts is especially important when studying the experimental development of science or technical aspects of the history of medicine.

My most frequent object-based request is from TV stations or publishers who want footage or photographs of artifacts to add color to a program, book, or Web site. Other scholars have wanted to focus on the objects themselves, and I have usually been able to provide an acceptable degree of access. On occasion I have discovered documentary records that supplement what can be learned from an object, and I have found such moments especially gratifying. When,

for example, the Metropolitan Museum of Art needed to study Gilbert Stuart's 1822 oil portrait of William Phillips, the first President of the MGH Corporation, I was able to pull out early nineteenth-century bills, receipts, and correspondence relating to the picture, including its history of being loaned for reproduction. In the portrait Phillips holds Charles Bulfinch's architectural plans for the original hospital building. The finished structure, like a vision, seems to hover in the distance. Extant records in the MGH Archives document negotiations for land, arrangements for construction, the wages of men and the rent paid for mule teams, as well as the cost of the portrait and its gold leaf frame. Interestingly, John Doggett, a Boston entrepreneur who arranged for the framing, charged as much as Stuart, the renowned artist, did for his brushwork.

Some researchers simply have an interest in seeing old things, and I accommodate them as well as I can, given the constraints on my time. One of my regular callers is an unctuously polite Boston Brahman who phones about once a month with a question about architecture or furniture. He never seems to realize how complicated his questions can be. "I'm terribly sorry to bother you again," he'll say, "but I have a very simple question that shouldn't cause you much trouble at all. The chandelier hanging in the Phillips House looks exactly like the one in the oil painting over the fireplace in the meeting room on the second floor of the Boston Athenaeum. Is yours the original or a reproduction?" I tell this patron that, unfortunately, I have not inherited complete records about all of the thousands of objects at the MGH, but that an Art and Artifacts Inventory is on-going and there is a good chance that we will have more information in the future.

Beacon Hill residents have sometimes asked to see archaeological finds gleaned from the seemingly perennial construction digs in the vicinity of the MGH. This was especially true in the wake of a newspaper article about objects unearthed during recent and somewhat controversial construction. The Commonwealth of Massachusetts reserves the right to examine and claim these old bottles, long-stemmed clay pipes, and broken jugs, but the state archaeologist has not, to date, seen fit to assert rights over anything excavated at MGH sites. She has endorsed the practice begun by the hospital's real estate office of entrusting such finds to the MGH Archives and Special Collections for safekeeping.

When art or artifacts inquiries come from internal MGH users they are often related to space change or a redecoration scheme. Such requests, e.g., for an appropriate picture to hang on a freshly painted wall, typically come to the Archives through a vice president or other well-placed administrator. The logistics of moving nineteenth-century portraits, with their bulky gilded frames, and having them cleaned or restored, can be frustratingly time-consuming. A recent change in the MGH presidency had a dramatic (and I hope short term) impact on my work, deriving indirectly from numerous reconfigurations of responsibility within the administration. It seems as if everyone is moving into a new office or renovating a new conference room. On occasion feathers have been ruffled over whose office gets the loan of which artifact. I maintain, for example, a waiting list for antique banjo clocks. None are available at the moment.

I have sometimes been able to arrange a surprisingly apt match between occupant and art, e.g., placing a scene depicting Edward D. Churchill, M.D., and his surgical residents into renovated space for the Edward D. Churchill Professor of Surgery. Not every painting owned by the MGH is of equal interest. Several years ago the hospital was seized by fervor to exhibit more pictures of women. The only known likeness of Loretta Joy Cummins, the first woman staff physician at the MGH (1916), is an amateurish oil portrait that I have been unable to place because of its garish colors and flat depiction. I have been asked to move an oil painting of Mrs. Redman (first name unknown), wife of MGH benefactor John Redman, several times for reasons that have never been clearly expressed to me, but which, I think, are related to her unappealing and woebegone demeanor. To flesh out data in the "subjects" column of my portraits database I once searched for her given name by leafing through her husband's diary, which I have in the Archives. I found myself reading more than I had originally intended because I wanted a clue to her profound sadness. Perhaps the following passage is telling. On July 3, 1819 (the occasion of their first daughter's birth) Mr. Redman noted sententiously that, "I am now placed by this event in one of the most important positions a man can occupy, to wit, the guardianship and protection of the virtue of a girl. One false principle implanted in her mind may prove the ruin not only of herself but of the whole family." Mr. Redman's portrait hangs in a conference room where I see him about twice a month. He seems a hard man. Nowhere in his diary does he mention his wife by name. The girl (Lydia) lived only 136 days.

The Ether Dome Mural

Artifacts proved indispensable when the MGH commissioned a mural depicting the first public demonstration of surgical anesthesia, which occurred in the old Operating Room (now a National Historic Landmark called the "Ether Dome") on October 16, 1846. The artist's intention was to create a composition more historically accurate than Robert Hinckley's famous painting of the same subject in the lobby of Countway Library at Harvard Medical School. In preparation for the mural the artist visited the MGH Archives, the Rare Books and Special Collections Department at Countway, and the Fogg Museum at Harvard to examine old photographs, surgical instruments, and other images and objects. I was able to show him an original Morton Inhaler of the type used on October 16, the instrument box of surgeon John Collins Warren, daguerreotypes of early ether operations, a velvet-upholstered 1840s operating chair, and other materials. (Original surgical records in the Archives also flesh out the details of this momentous event.) The artist and I had some fundamental disagreements about the way historical artifacts should be handled, but he eventually became reconciled to my refusal to allow him to remove a nineteenth-century sponge from the ether inhaler so that he could fill it with red fluid for verisimilitude. (Morton, who intended to patent "Letheon," added red dye to sulfuric ether in an unsuccessful attempt to keep the chemical constitution of its anesthetic fumes a secret.) Men with MGH associations, myself among them, posed in 1840s costume for the painting as neck-craning observers on the steep tiers of the surgical amphitheater.

The MGH Mummy

Padihershef, the MGH mummy, established residence in the hospital's Operating Room after having been donated by van Lennep & Co. (Dutch merchants trading in the Ottoman Empire) as an anatomical specimen in 1823. (We know the mummy's name, occupation, and place of origin because an Egyptologist from Boston's Museum of Fine Arts translated the coffin's painted hieroglyphics in the 1960s.) Americans were enthralled by all things Egyptian in the early 1820s, a fascination fueled in part by the work of scholars who traveled to Egypt with Napoleon's armies, and Padihershef was one of the first Egyptian mummies in the United States. He became famous when MGH surgeon John Collins Warren unwrapped his "twenty-five thicknesses…of bandage…imbued with some glutinous substances, intended to preserve them…" before an audience of scientific men in the hospital's operating amphitheater and published an illustrated report in the Boston Journal of Philosophy and the Arts. The dark skin of his exposed face still exudes the "whitish saline efflorescence" described 180 years ago by Warren in his article. He was later leased to the multifaceted Doggett, who shuttled him off on a highly advertised tour by boat of cities on the eastern seaboard, charging curiosity seekers 25 cents apiece.

Several years ago I opened the mummy's wood-and-glass exhibit case in the Ether Dome to allow a photographer to shoot better exposures. When I put aside my tools and lifted off the front of the case, which had been closed for twelve years, a pungent aroma of spices and natron suffused the room, a sensation common, perhaps, for a 650 BCE Theban nose, but unforgettably peculiar in the twenty-

first century. Warren was similarly surprised in 1823, as recounted in his "Description of an Egyptian Mummy."

My experiences arranging for mummy loans and mummy insurance, and attempting to keep TV cameramen and their harmfully hot lights at bay while at the same time talking to reporters, have been much less scintillating. In preparation for my first mummy loan I spent about one hundred hours negotiating and drafting terms for a loan agreement, locating and hiring experienced mummy movers, and wrangling over insurance coverage (to be paid for by the borrower). How do you insure a mummy? You must determine its replacement value, i.e., how much it would cost to replace it with an "equivalent" mummy if it were lost or destroyed. Recent auction prices are the usual yardstick. I can now state with authority that no Egyptian mummies with long and intricate historical ties to a major American hospital have been sold at auction recently. After I produced records proving that the mummy had, indeed, been at the MGH since the formative years of the hospital the insurer and I negotiated a mutually acceptable figure.

Corralling Strays

Searching for artifacts that were lost or misplaced (or given away as a misguided "thank you") before my arrival has also consumed substantial blocks of my time. These searches have typically originated in the complaint by a wealthy donor that he hasn't seen something (like a sculpture once displayed in a lobby or hallway) for several years, that he has been wondering where it might be, that he

is upset, and that he would like someone to get back to him as soon as possible. Experience has taught me that a millionaire benefactor's agitated state of mind can be quite contagious among top hospital administrators, and I have been asked on several occasions by the MGH administration to locate a marble lamb, or a Willard clock, or some other object, whereabouts unknown. Such artifacts often seem to have been displaced by demolition or space change years ago. Sometimes they turn up on a shelf or wall in the office of an elderly doctor to whom they had been entrusted. At other times I have found no trace, aside from a faded photograph of the object in situ at some no longer extant location in some previous era.

I have occasionally been asked by the hospital to find some suitable historical object, such as a nineteenth-century silver service, to give as a memento to a retiring administrator, or as a "thank you" to a generous donor. I have carefully explained that my mission was to preserve the historical legacy of the hospital, not to give it away, and that professional responsibility would prevent me from complying with such a request. I have remained firm to this principle even in the face of such angry objections as "But she's raised millions for the hospital," or "You have no idea what that man means to this institution." I have offered instead to purchase from dealers, with funds provided by the administration, gifts of a historical nature suitable for presentation.

At times I have been able to undo inherited problems resulting from bad decisions made before my arrival. The administration, for example, had once, as a memento, given away a handwritten volume of minutes from the 1830s, leaving a gaping lacuna in the Board of

Trustees records. The recipient was a man with historical interests, who had served the MGH for many years. I called him to ask if he would consider returning the volume to the hospital for its newly established Archives, and he graciously agreed.

Restoration of Art

Trained conservators can fix cracks in nineteenth-century busts with costly glass microbubbles or less expensive treatments. What you do with damaged sculpture hinges on a variety of factors, such as available budget, what light the piece will be displayed in, and the mission of your institution. The MGH, for example, is not a museum of fine arts and has a very limited budget for historical and art-related purposes. The treatment I chose for the broken neck of Solomon Townsend, M.D. (marble portrait bust, T. Ball, sculptor, 1860), whose torso is attached to a socle on a pedestal in a well-lighted public lobby, was to have the parts rejoined by bronze pins and acrylic adhesive. Losses around the break were filled in with polyvinyl acetate synthetic wax and disguised by inpainting. The conservator also gave him a good cleaning with nonionic detergent and steam. The crack is now nearly undetectable. Torn or punctured oil paintings can be fixed with patches (less expensive) or relining (more costly, but also more durable). I was fortunate in finding a graphic arts conservator who is also a skilled artist and can touch up the rejoined seams with fresh paint in his own studio. The tangled ethics involved in historical clock repair are too complex for summary here, but if the situation argues convincingly that an antique clock on display needs to run and keep good time (involving, in most cases,

some replacement parts) be sure to retain all original parts, such as bushings, baffles, escapements, and even shards of fragmented reverse glass painting.

I have discovered many objects of historical significance in rough storage at the Suffolk County Jail, a.k.a. the Charles Street Jail, the principal detention center for the City of Boston from 1851 to 1991. Only a block away from the MGH, it is itself considered a historic property. The MGH bought it for a dollar after it ceased operations as a jail and then faced ten years of hearings about what would or wouldn't be a permitted form of development. During this period of limbo various MGH departments used the space to store furniture and other objects not in active use. Amid the rubble of fallen plaster in the confines of the jail I have found such gems as wicker wheel chairs from 1918 and a 1950s iron lung (in apparently usable condition). I traced its ownership to the Department of Respiratory Care, which agreed to transfer custody of the device to the Archives and Special Collections upon the condition that I would lend it back if a certain elderly patient were readmitted and wanted to use it instead of availing herself of more advanced technologies. (Apparently this had happened in the past.) I acceded to the conditions of the gift because I thought this contingency was unlikely. Remember, when moving an iron lung, to hire four strong movers and a truck with a lift.

The MGH History Trail

In previous years I had keys to the Charles Street Jail and escorted visiting archivists, upon request, through its grim cellblocks and echoing passages. I no longer have access to its interior, but have

added what remains of the building's facade as a stop on the MGH History Trail, which I created as a self-guided historical walking tour of the hospital's environs. The tour consists of 22 plaques at significant historical locations with my explanatory text and reproductions of old photographs. A four-fold brochure with brief descriptions, a map, and a location key helps patients, visitors, tourists, and the occasional interested employee navigate. Included on the tour are the Ether Dome, the MGH mummy, an 1840s operating chair, a fragment of the pre-1860 MGH wharf, a horse-drawn ambulance, and various buildings and departments. As originally conceived, the tour's first stop would have been an MGH Museum near the central campus, where visitors could view exhibits of photographs and artifacts, pick up a brochure, and watch an introductory video about the hospital's long and rich historical legacy.

Visions of an MGH Museum

The General Hospital was established by charter in 1811, but did not admit its first patient until 1821. That ten-year delay seems to have been taken by all subsequent generations of administrators as a perfectly acceptable interval between any two stages of an idea or project. I have, since assuming my responsibilities in 1998, drafted and floated several detailed proposals for a museum, or for a combined Archives-and-Museum Program, with bigger space, an adequate staff, improved climate controls, state-of-the-art exhibit cases, an elevator, and other amenities. Recently I learned that the museum idea had been added to a waiting list, but that no specific date had been assigned for its active consideration. Meanwhile, I

remain the de facto caretaker of myriad objects and art works, expected to keep track of their movements from office to storage to conference room, arrange for their cleaning and repair, and provide reference services related to them. I have two small display cases in the Archives, which I fill periodically with mixed exhibits of historical documents and historical artifacts. Until the MGH launches an adequately funded and staffed Museum Program I will keep Renaissance Wax, Ethafoam, and acid-neutral artifact tags in my supply closet next to Mylar sleeves and Hollinger boxes. I will keep the names and numbers of portrait restorers, sculpture conservators, clock refurbishers, mummy experts, medical museum curators, and fine arts movers in my Rolodex, and John Singer Sargent's portrait of Dr. Storrow over my desk.