MEDICAL PRACTICE

Medicine and Art

Rogoyska at the BMA: How medicine, art, and architecture interweave in London

J H BARON

On 20 April Mary Lutyens, the surviving daughter of Sir Edwin Lutyens architect of BMA House, is due to present a tapestry on behalf of the *BMJ* to the library in celebration of the latter's centenary in 1987.¹ From this date for ten days visitors may also see a small exhibition in the library showing various aspects of the tapestry as well as the *BMJ*'s connections with the arts (open until 29 April).

The commission (fig 1) was to beautify the large area of blank cream paint on the north wall of the recently converted Lutyens Great Hall. The fact that the tapestry is to hang in a building created by one of Britain's foremost architects is a reminder that London's medical organisations are rich in both art and architecture.

The Rogoyska tapestry

The commissioning subcommittee of three, advised by Peter Dormer, selected Marta Rogoyska from a shortlist of three weavers. The subcommittee's initial requirement was a tapestry relating to Lutyens or the medical profession. Fortunately Rogoyska refused this representational brief and chose a romantic, colourful, abstract to complement Lutyens's classical forms. She made eight different collages of torn textured papers of various colours. These designs were projected on to the naked library wall for the subcommittee to choose. The final design was then scaled up and woven by Joan Baxter at the West Dean tapestry studio to the vast size of 14½×8½ feet.

FIG 1—Marta Rogoyska's tapestry in the BMA Library.

The tapestry soars serenely over the bookstacks, taking the eye as one enters and walks the length of the library. Its point of origin, bottom centre, is a golden Indian sun, layered with reds and greens. A fountain sprays out a Prince of Wales's feathers of jets of black water (black was Lutyens's favourite colour) over which float black leaves and flying Aesculapean serpents. To either side white pillars echo Lutyens's columns and climb through a blue aether dappled with purple sunlight and shade penetrating the leafy heights. Aloft, banners in yellow and red ride high in a pink sky.

MARTA ROGOYSKA

Marta Rogoyska trained in fine art at Leeds Polytechnic, and in tapestry at the Royal College of Art, Aubusson, and the Warsaw Academy. She now teaches tapestry at Morley and Goldsmiths'

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FIG 2—Marta Rogoyska working on tapestries *Greenhouse I* and *Greenhouse II* for Queen Mary's Hospital, Sidcup. (Funded by the King's Fund, Greater London Arts and The Crafts Council, and organised by the Public Art Development Trust.)

Colleges and Middlesex Polytechnic. She has exhibited widely in Britain and abroad.

Doctors will be interested in her earlier medical tapestries. *Greenhouse I* and *Greenhouse II* were commissioned in 1984 through the Public Art Development Trust for the outpatient waiting area of Queen Mary's Hospital Sidcup (fig 2). These images of birds, plants, and flowers were inspired by her work with schoolchildren as she describes:

These tapestries were commissioned as a result of a very successful spell as artist in residence at Sidcup School for Girls. The original ideas came from a remarkable visit with the Art Department to Avery Hill, where I particularly liked the greenhouses and the actual time of the year (spring-summer) with its various elements; some of the ideas, and their development, can be seen in the coloured frames.

The commission was a complicated undertaking. It took three months to come up with ideas that I felt were right. I then made the "cartoon" (which is the full size sketch or plan that is followed by the artist—it is placed behind the warp threads of the loom). My yarn is made to my own specifications in a mill in Bradford. It is a Teeswater wool mix, with a specially hard twist, which gives the woven tapestry a very particular characteristic, which is important to the imagery.

I dye the yarn myself, with light fast chemical dyes, so that the colours will last for centuries! It took me three weeks to dye and prepare the wools for this commission.

In my studio I have two upright (Haute-Lisse) looms, with a 5 ft and 6 ft weaving width. Since most tapestries are woven sideways I can make tapestries of virtually any length. The warp (the vertical support threads which are covered by the weft) is cotton; the weft (the horizontal coloured threads) is pure wool.

When I have made the warp and threaded up the loom I place the cartoon sideways behind the tightened warp threads, and am ready to start weaving. The actual weaving of these pieces took me five months.

Once the weaving is complete, the tapestries are cut off and the ends sewn back and the slits sewn up. They are then backed and finished at Hampton Court conservation department and prepared for hanging. The tapestries hang from Velcro from a wooden batten and are firmly secured by a great number of brass screws from behind.

Tapestries are all too rarely commissioned for medical buildings. Grace Erickson has woven for Maidstone and St Mary's, and at Homerton there are some by Jacqui Murrant and Esther Barratt. Perhaps more medical organisations will now follow the BMA's example. If they do they will be continuing an honourable tradition of medical patronage of the arts. London's doctors in particular are

too little aware that their ancestors left them a legacy of magnificent architecture for their professional colleges and associations.

London's medical architecture

ROYAL COLLEGES

The *Physicians* met first in Linacre's Stone House and then in Amen Corner to which was added in 1654 "a noble building of Roman architecture." All was burnt in the fire of 1666. They chose Robert Hooke for their 1674-9 hall in Warwick Lane, and Sir Robert Smirke for their 1825 Pall Mall East building on Trafalgar Square when they followed the surgeons by moving westwards from the City.² They moved once more, to Regent's Park in 1964.³ Again they wanted a modern style and Sir John Summerson drew up a shortlist. Denys Lasdun was chosen in 1958 and produced a beautiful efficient contemporary building (fig 3). The college moved the 1674 panelling of the censor's room into each of their new homes.

The college, like the BMA, had problems with big empty walls. In 1966 a large John Hoyland abstract painting was placed on the south wall of the Osler room, in a not wholly successful attempt to fill some of this blank space which stares at the president and guests at college dinners, and now at least affords a talking point for high table conversations. In 1985 the college finished a complex scheme to restore the houses of the elegant 1823 Nash terrace of St Andrews Place into a medical precinct for specialist societies, with careful reconstruction of the façades and Lasdun's landscaping with planting, ground cover, paving, cobbles, bollards, lamp posts, and railings.

The *Surgeons* also built new and picked good architects. After separating from the barber surgeons in 1745 they chose an Old Bailey site conveniently near the physicians and invited William Kent. Kent's plans were too costly and were modified by a surveyor called Jones. They became a royal college in 1800 and moved west to 41 and 42 Lincoln's Inn Fields. Again they chose well, George Dance the younger and James Lewis in 1806, but again could not afford the architects' plans in full. In the 1830s they bought No 40 and their consultant architect, Sir John Soane (once Dance's pupil and who lived across the square), recommended rebuilding wholly. In 1833 an open competition was won by Charles Barry, who had just built the Travellers' Club. Barry moved the western pillar of Dance's portico to the east for symmetry (fig 4), but the façade was overcome in the 1880s by Stephen Salter's two extra storeys, extensions on Nos 39 and 43, and by the additional postwar buildings by Alner Hall with Sir Edwin Maufe as consultant architect.⁴

The *Obstetricians* began in Blair Bell's early nineteenth century house in 58 Queen Anne Street.⁵ Like the physicians they obtained a Regent's Park lease from the crown estate and wanted a contem-

FIG 3—Royal College of Physicians by Denys Lasdun.

FIG 4—Royal College of Surgeons in 1838.

porary building for the splendid site facing the lake in the Outer Circle. Their first choice of architect, Frank Lloyd Wright, however, was too expensive,⁶ and the Liverpool city architect, Sir Lancelot Keay, then drew up a shortlist of five. The officers reduced the five to two, and in 1955 the council chose the younger man, Louis de Soissons, the architect of Welwyn Garden City, perhaps because he was the restorer of the Nash terraces in Regent's Park. Unfortunately, the Royal College of Obstetricians and Gynaecologists, completed in 1960, had been designed "exteriorly to conform to the Nash Terraces," and, as *The Times's* obituarist indicates, "this was not one of his happiest designs."

The *General Practitioners* began in Robert Adam's 7 Mansfield Street. They moved through 54 Sloane Street and 41 Cadogan Gardens (1880s), to their final 1850 Italianate home (once Pierpont Morgan's, the Kennedys' and The Independent Television Authority's) at 14 Prince's Gate.⁷

The *Psychiatrists* have perhaps the smartest address, at George Basevi's 17 Belgrave Square in the Thomas Cubitt development of the 1820s.⁸ The *Radiologists* are at 38 Portland Place (Robert Adam, 1774). The *Pathologists* climbed from an attic in Grosvenor Crescent to the upper reaches of Chandos House¹⁰ before settling into the Regency splendour of Nash, first in Park Crescent (1819-21) and since 1970 in 2 Carlton House Terrace (1829).¹¹

MEDICAL SOCIETIES

In 1632 the *Society of Apothecaries* bought Lord Cobham's town house, the former Dominican Priory of the Black Friars. This hall was destroyed in the fire of 1666 and rebuilt in 1668-70 by Edward Jerman (architect of the Royal Exchange) and then by Wren's assistant, Thomas Lock.¹² Fortunately it was one of the few livery halls to survive the second world war.

The *Barber Surgeons* had a fifteenth century hall in Monkwell Street, and added a courtroom in 1605. In 1636 Inigo Jones designed an anatomical theatre, based on the lecture theatre in Padua. These buildings were destroyed in the fire of 1666 and the blitz in 1940, and replaced in 1966-9 with new buildings by K B Cross and Laurence King.¹³

In 1872 the *Medical Society of London* bought the 1760s 11 Chandos Street¹⁴ and have restored it impeccably. The *Royal Society of Medicine* on its foundation chose Doric monumentality for its first building in Henrietta Place (Belcher and Joass, 1910-2). The extra storey added in 1952 was much needed, but, as with the Royal College of Surgeons, it unbalanced the façade. In 1964 the Royal Society of Medicine bought and restored the superb Chandos House (Robert and James Adam, 1769-70) but this was sold to pay for the palatial addition in Wimpole Street, completed in 1985, by Elsom Pack and Roberts.

British Medical Association—The architectural history of the BMA has been fully described.¹⁵ Their first major building, bought in 1878, had been designed by C R Cockerell in 1831 and was as monumental and classical as his Oxbridge museums, the Fitzwilliam and the Ashmolean. The BMA pulled it down in 1907, and, like the surgeons in 1833, held an open competition for a new building, which was won by Percy Adams and his chief designer Charles Holden, who had been taught by Belcher. Holden produced a virile "blockish massing" of Portland stone and granite influenced by the Arts and Crafts movement.

In 1907 Holden persuaded the BMA to commission perhaps the most distinguished public art in Britain this century, the 18 Jacob Epstein sculptures (fig 5). Epstein rejected the BMA's suggestion that the figures should be of famous medical men. Instead he represented symbolically, in larger than life size figures, man and woman from birth to old age, as well as the goddess Hygieia, chemical research (holding a retort), and academic research (holding a scroll).^{16 17} The subsequent public controversy (that is, newspaper outrage) has been fully documented.^{18 19} The BMA and *BMJ* stood firm and supported the architect and the sculptor against obloquy. Southern Rhodesia acquired the building in 1935 and tried to remove the statues, but finding that impossible mutilated them permanently in 1937.

FIG 5—Mother and child. One of Epstein's sculptures commissioned by the BMA in 1907.

Meanwhile the BMA had bought in 1920 the Tavistock Square building designed in 1911 by Edwin Lutyens for the Theosophists, but never finished because of soaring costs and the war. The BMA could not afford Lutyens's schemes of decorations, so that the Great Hall was never complete. Nor did the BMA employ Lutyens for further buildings: they used Wontner Smith for the 1928-9 Upper Woburn Place gateway and wings, followed by Douglas Wood for the 1938-50 and 1939-60 extensions, which preserved the Lutyens garden.

For its war memorial the BMA went out to competition again. James Woodford won with a bronze fountain and stone figures of "Sacrifice," "Cure," "Prevention," and "Aspiration," which were built in 1954 in the centre of Lutyens's courtyard of 40 years earlier.

Finally the BMA received planning permission for the realisation

by Ivan Nellist of the imaginative scheme to divide the useless Great Hall into a new library below and committee rooms above. This was completed in 1986.²⁰

The role of decoration in buildings

In the Rogoyska catalogue¹ Peter Dormer discusses the tricky problem of decorating and embellishing structures now that the swing of fashion makes it legitimate for buildings not to be bare and pure. He emphasises the pressing need for institutions like the BMA to scrutinise their visual environment great and small. He asks them to look again at their porches, notices, tiling, and lighting, to which I would add three more. Firstly, the Rogoyska tapestry has to cope with a litter of multicoloured rival distractions: three ill placed signs (TOILETS, FIRE EXIT, MIND THE STEPS), one blue fire extinguisher, and one red fire alarm. Secondly, there is the lamentable choice of painters for the twentieth century portraits in medical colleges and associations. Thirdly, there is the contrast between the care taken to convert the upper part of Lutyens's Great Hall into committee rooms and the lack of thought in choosing pictures to hang in them. Instead of a commission or competition for young artists for suitable prints for these rooms, the BMA have installed pictures that are as tasteless in their chocolate box banality as many of the Christmas cards sent by pharmaceutical companies.

Conclusion

It is just 80 years since the director of the National Gallery praised the BMA's commission of the Epstein statues: "I do not know the

sculptor, but I hear he is a young man. From the works I have seen I believe the British Medical Association will be proud of having given him this work to do in the future when he has made the name for himself which his work promises."²¹

I hope the BMA is proud of 1908, and of 1988.

I thank the archivists, directors, librarians, and secretaries of the various organisations for their help.

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MATERIA NON MEDICA

Calle Inglese

We were wandering rather aimlessly around the back streets of Puerto de la Cruz, my wife and I; she engrossed in the assorted racks of dresses and blouses and leather spilling out over the pavements regardless of the teeming motor traffic, and I wondering whether the litre of Scotch at 795 pesetas was really the bargain it seemed to be or whether I might do better round the corner. Suddenly, a sign on the wall; it held my eye—Calle Dr Ingram. I checked with my street map and confirmed, and so it must be, it only could be Dr John Thornton Ingram, master dermatologist and teacher, his name commemorated for ever in an annual lecture at the Royal College of Physicians, at whose feet, so to speak, I had been fortunate enough to sit way back in the mid-1930s. And what a teacher he was, small, bright, and sparkling, informative yet entertaining, his outpatients clinic always packed, with never a dull moment. So easily did we acquire his precepts that after more than 50 years I can remember them now—herpes: "grouped vesicles on an inflamed base"; lichen planus: "flat topped violaceous papules"; and, most of all, scabies, the ITCH: "the first diagnosis of a generalised itching eruption is scabies, and the second and the third, and if your patient is not improving under your present diagnosis and treatment, think of scabies yet again." A marvellous teacher; at the end of our three months with Dr Ingram many of us could have set up in consulting rooms and got away with it, so well nourished were we in dermatology.

And now here he was again, recognised and commemorated in a foreign land 3000 miles from home. I visualised the scene: Generalissimo Franco driven to distraction by a strange irritating skin eruption, which his most skilful advisers are either unable or too fearful to diagnose; a call to England for our brightest star; Dr Ingram makes the then perilous journey, benzyl benzoate is applied in the prescribed routine, and hey presto, the Caudillo restored to his right mind again makes a modest but permanent tribute to his saviour—Calle Doctor Ingram.

How delightful if this vision were to be true. My inquiry to our tour representative was referred to the hotel reception, whence I was advised to seek confirmation at the town hall. Baffled outside the building—closed for the day for the celebrations of the local Red Cross—I found myself in conversation with the Red Cross chief, by his regalia a colonel at least, who informed me in excellent English that Dr Ingram was a well loved British

doctor who had practised in Puerto at the turn of the century; he gave me a friendly smile, "before your time." Alas for my chateau en Espagne, but none who knew our Dr Ingram will ever forget him.—C L DAVIDSON, Skipton, Yorkshire.

What are the hygienic pros and cons of bidets?

The bidet first appeared in France about 1710 and received its name (literally "pony") about 1750, but it was not generally used by the bourgeoisie until 1900 and by other groups until after 1920.¹ There is little information about its effect on health. A study of a low socioeconomic community in Rangoon compared women who washed with water after defecation with those who used paper (none used toilet paper): hand contamination was greater among those who used water and there was a higher incidence of dysentery among their children, but the differences were not significant.² According to Rabelais, the best material for anal cleansing is the neck of a goose.³ The use of the bidet has been advocated on an anecdotal basis for preventing pruritus ani,⁴ said to be commonly caused by "a small amount of faecal material in the skin folds around the anus which no amount of wiping with paper will remove."⁵ During the puerperium a bidet with a shower attachment is the ideal method of cleansing the perineum, particularly if there have been lacerations or an episiotomy.⁶ In normal daily life frequent washing of the genitalia presumably helps to minimise the odour, which is now taboo, though this has not always been the case.¹—JAMES OWEN DRIFE, senior lecturer in obstetrics and gynaecology, Leicester.

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