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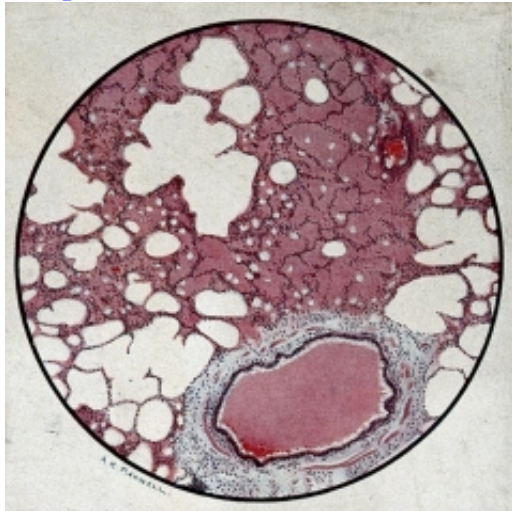
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15 February 2009...9:35 pm

## Salutary truth: 'War and Medicine' at the Wellcome Collection

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Microscopic section of human lung from phosgene shell poisoning: death at 19th hour after gassing, c.1917. Colour halftone on board by A K Maxwell. Image: Wellcome Library, London.

It's hard to know exactly what to say about the current exhibition at the [Wellcome Collection](#), [War and Medicine](#), except that after worrying about it for several days — worrying about the way in which going around the exhibition reduced me to unfamiliar near-speechlessness — I've concluded that this is, in fact, indication less of some fault or flaw either on my part or that of the curators, than a token of *War and Medicine's* real, if often uncomfortable achievement.

So let's start with that achievement. Most of us — and here I mean, specifically, young to middle-aged Anglophone civilians, whose experience of conflict is both historically atypical and in most ways extremely enviable — generally avoid thinking very clearly about war, that persistent form of highly specialised cultural practice in which the norms of everyday life are suspended, if not wholly inverted. War, much of the time, seems to give us the world we want — but oh, how easy it is to leave the question of means to others, and then to feign shocked disapproval when confronted with those means, when of course what we ought to admit is more like a willed and culpable ignorance. And if we are ever asked to come to grips with war, as of course sometimes we must be, our society is richly resourceful in the provision of pleasant packaging. War appears, if at all, wrapped up in the tritely interchangeable visual tropes of 24-hour news broadcasts, the inhuman calculus of strategy, patriotism and its ceremonial symptoms, the voyeuristic sentimentality of literature or film, the affectless and numbing repetition of video games, even the not-quite-redemptive aestheticisation of my own beloved, if not quite critically respectable, official war art.

And by the same token, most of us avoiding thinking much about medicine, except in conventional, generously mediated, indirect ways: which is to say, through the subjectively occluded vision of medical dramas, twinges of hope induced and dispersed again by the steadily-thumping pulse of the *Lancet's* press department, sly fingering of our own hypochondrias, the sternly encroaching inevitability of whatever will harm, hinder and eventually slaughter us in the end. In the hospital, normal conventions regarding privacy, nudity, physical contact and personal dignity all vanish the moment one passes the big, swinging, inelegant doors. Medicine, no doubt, achieves the secularised equivalent of miracles but, once again, we turn away from the means by which these are achieved, less out of reverence than something approaching terror.

No, the realisation that our own unique, all-important individual consciousness constitutes not much more than some ad-hoc biochemical slurry is, ultimately, scarcely more welcome than the realisation that we matter as little in the general scheme of things as every other forgotten victim of countless unremembered, now-meaningless conflicts. For although we perhaps like thinking of medicine as 'good' (or at least basically benevolent), and war as 'bad' (or at least best avoided), the two strands of endeavour have more in common than we might wish, their hands-on physicality in particular. In how many other lines of work is it socially permissible, in 21st century Britain, to physically coerce, wound, even kill? Not many. But the fact that much of this is arguably necessary doesn't make it any more fun to linger over, either.

All of which brings us, accompanied (I now notice) by almost comically gloomy cadences, to the stuff of *War and Medicine*. The great achievement of *War and Medicine* is, in brief, to confront the visitor, calmly and carefully, with a pair of conjoined realities that most of us avoid as comprehensively as possible.

The exhibition (curated by Ken Arnold and James Peto of the Wellcome Collection, together with Klaus Vogel of the Deutsches Hygiene-Museum, Dresden) examines the evolving relationship between war and medicine from the Crimean War up to the present-day conflicts in Iraq and Afghanistan. The subject-matter is arranged under three main headings. The first addresses the organisational realities of maintaining a successful fighting force, and the role medicine plays in this: specifically, growing understanding from the 1850s onwards amongst more forward-looking governments that ever-better nutrition, sanitary conditions and medical care conferred advantages on the battlefield even more spectacular than those on the home front. The second main topic is the impact of war on the human body and medical responses to this. The third section, finally, addresses the psychological damage warfare leaves in its wake.

The objects displayed to illuminate these various points include paintings, photos, films, surgical instruments, prosthetic devices, bandages, advertisements, part of a skull, a dead soldier's toilet kit, propaganda posters, a GI's sketches executed in thinned-down instant coffee, graphic work by Otto Dix, an old camp stove, condom packets, a scarily basic-looking apparatus for blood transfusion, and a case containing the liturgical items required by a Roman Catholic padre offering the Sacrament of Extreme Unction. Perhaps unsurprisingly, under these circumstances, the exhibition is informative, thought-provoking and, in places, almost indescribably moving. And there's also a [book](#), much less a literal equivalent for the exhibition than a thoughtful counterpoint to it, which I haven't yet read in full, but which looks extremely interesting.

All the same, it's strangely hard to know what to say about *War and Medicine*. What will stay with me from the experience of going around it, peering in the cases, reading the wall texts? Certainly, it's a very educational experience. I hadn't realised, prior to the exhibition, that the technology for attaching prosthetic limbs to living muscle, so as to obtain something resembling natural movement, dated back to the later years of the First World War. Ditto, the technology for creating skin grafts. Nor, on a related point, had I realised how sophisticated and, indeed, at least superficially successful the reconstructive facial surgery of those same years could sometimes be. And the whole issue of frontline triage throws up some deeply counter-intuitive conclusions: if winning a battle's the main thing, then it makes sense to patch up the nearly-well so that they can fight again, while leaving the seriously wounded for later. As mentioned above, though, that's the whole thing about war — its imperatives simply aren't those of peace — whatever inquest juries, sensation-seeking media or the less responsible sort of historian may wish to argue to the contrary.

There are ironies on show here, not least amongst the surgical instruments with which [Jacques Joseph](#), the German pioneer of rhinoplasty and recipient of the Iron Cross, first operated on the disfigured faces of

many thousands of badly injured war veterans, then on the dangerously non-Aryan features of many of his fellow Berlin Jews, before a heart attack in 1934 ended a career doubtless already entailing risks. There's also a contraption that allows an armless veteran to roll his own cigarettes, speaking eloquently of a world in which health risks were accounted rather less primly than in our own times.

And there are also brief but unforgettable glimpses into the stuff of other people's lives — pages ripped from mid-novel, the beginning and ending both missing. I am thinking, here — as I have often done, since leaving *War and Medicine* — of a wedding photograph included in the exhibition. (As I didn't take notes at the time, regrettably I know neither the name of the photographer nor of her subjects.) The photo was taken quite recently. Large, glossy and formal, it's in many ways a blandly conventional image. The bride is immaculately groomed and gowned, all in that ritually non-naturalistic mode that brides so often adopt for the day of their wedding, for all the world as if some form of disguise was anthropologically necessary. The groom, for his part, dressed in military uniform (from memory, he's a US Marine, although I might actually be wrong about this) is standing, half-turned towards his new wife. I can remember, though, standing before this image, being slightly surprised by the bride's bouquet of flowers. Isn't it a convention amongst florists that the combination of red and white flowers is impermissible, reminding us, as it apparently does, of blood and bandages?

Alas, however, blood and bandages are sadly apposite here. The tall, straight-standing groom has evidently received appalling facial injuries during recent military service. The side of his face turned towards us is grotesquely distorted, his eye no longer there, scars pulling the skin in surprising directions — and what of the side of his face he turns away from us? We'll never know, I suppose, any more than we'll know the rest of this story — how these two young people came to be engaged, what war has done to this brave young man and to his relationships, what this attractive young woman has endured or transcended or simply tried to avoid thinking about too much, let alone what their future will be like together. All the information we have, really, is what I've already described — and the look, of course, on the bride's face. Gazing out towards us, her expression is by no means that conventional, set, slightly artificial sort of smile produced for the public on such occasions. No, the face turned towards us looks absolutely stricken. And of course, having seen the photo, there's nothing we can do, except to reflect, perhaps, that this bride and groom know more about the awkward intersection of war and medicine than most of us ever will. Rarely does one see so much of what one feels about present-day conflict distilled into a single, dignified, paradoxical and haunting image.

The curators have also drawn together impressive works of art: not just those brooding, heavy-hearted Dixes, either, but a very descriptive painting of a dressing station by C. R. W. Nevinson (reminding me that he could, when he tried, depict the human figure both capably and expressively) and a striking composition titled [Saline Bath](#) (1943) by the little-known Alfred Thomson (one of those under-appreciated smallish gems of war art, a genre discussed at some leisure [here](#)). There's also a painting by Evelyn Dunbar showing the correct method for donning a gas mask, and a lush, only just sub-Nicholsonian account of Indian troops convalescing in the music room of the Royal Pavillion in Brighton, as depicted by Charles Henry Harrison Burleigh. These latter two are a salutary reminder that the conjunction of war and medicine need not, at the margins, look notably distressing.

Sometimes, though, distress is the point. The most powerful works of art on show here are a handful of portraits by [Henry Tonks](#), depicting facial injury patients in the course of treatment at military hospitals in Aldershot and Sidcup, 1916-18. The fact that I'd [mentioned](#) Tonks recently, in the context of the supposed horrific quality of Francis Bacon's figurative distortions, was no protection against the full shock of being confronted once again these beautiful, appalling images — the lavishly smeary pigment, the pretty rose-and-freesia palette, the unspeakable wounds, the manifest interior dignity catalogued just as meticulously as each grotesquely misplaced fold of outraged flesh, the missing eye or nose, those outlines stubbornly incomprehensible as human facial anatomy. If generalisation seems the tendency both of nationalised medicine and mass-conscription warfare, Tonks is entirely unwilling to generalise these men's experience. What he conveys to us, instead, has as much to do with imaginative sympathy as with clinical description.

The same is true, incidentally, for the colour photographs taken by Percy Hennell between 1939-45. Taken for clinical purposes, these pictures have a bleakly haunting clarity, an absolutely shameless lack of obfuscation and tact — but the effect of this is to remind us that these wounds were, of course, no proper

grounds for shame. Who amongst us, I wonder, has somehow avoided the experience of speaking to someone with disfiguring facial injuries or congenital malformations, first trying not to stare, then trying to seem as if one isn't trying not to stare, before finally realising both how predictable and how contemptible this whole exercise must look to the person there inside the strangely-shaped face? Hennell's photos, on the other hand, being photos rather than actual faces, encourage us to look. Looking, once the shock has worn off, it's also possible to find not only dignity and courage, but also often beauty, too, albeit of an unconventional sort.

And while I realise that at some level I must be making it sound as if *War and Medicine* is a uniformly grim and distressing experience, there was something oddly redemptive — 'healing' might be another word, if the context here hadn't rendered it somehow inadmissible — about confronting Hennell's photos. Most people, I suppose, end up scarred by life in one way or another, injured if not disabled by this or that. Why on earth should we be afraid to look these damaged men and women in the face, as if the explicit quality of their woundedness would somehow reveal something we'd rather keep hidden about ourselves?

If compelled to produce some sort of criticism of *War and Medicine*, one might start with the issue of scope. True, war and medicine comprise a huge, intractable and in some ways hard-to-depict subject. Any treatment of the central topic is necessarily doomed to be hugely impressionistic. The diversity of individual experience, the momentum of technical development, the variations in national and even service-specific practice — these, effectively, have to be taken as read. The mistake is to think that didactic exhibitions exist to explore, explain or otherwise 'deal with' their subject-matter, rather than simply to remind us that their subject-matter exists, and with any luck induce persistent twinges of curiosity aggravated rather than salved by a degree of basic background knowledge. Honestly, there's more to most subjects than can be fit into three big rooms and a morning's leisurely viewing.

That caveat aside, however, it's got to be said that the vision of war and medicine on show at the Wellcome Collection is almost exclusively an Anglo-American one, with German and, less frequently, Russian practice allowed to cast the occasional, illuminatingly comparative side-light. (I should perhaps underscore the point, mentioned in passing above, that the exhibition was organised jointly by the Wellcome Collection and the Deutsches Hygiene-Museum, Dresden, which presumably accounts for some of the more remarkable and eye-catching German loans.) What, though, do less developed nations do by way of frontline medicine? What, for instance, does war and medicine look like in the context of the ongoing conflict in the Democratic Republic of Congo? [Mainstream estimates](#) suggest that, in the course of fifteen years of fighting, as many as five million people may have died in the Congo, killed mostly by hunger and disease. How does war and medicine work in Somalia, Sudan or Burma? And what about conflicts in which one might assume a pretty fundamental asymmetry between medical practice on the part of the various opposing sides? Is this part of the story of Iraq, Afghanistan, Gaza — and what issues does it raise, not only in terms of ethics, but in terms of international public opinion, too?

There's a passing mention of the Red Cross, in the context of its foundation in the First World War, but what about organisations like Médecins Sans Frontières which take medicine into conflict situations without, in theory, siding with any of the participants? The concentration on conflicts that loom large in the memory of the Anglophone world (the First and Second World War, Vietnam, our various present violent entanglements), few of which have lasted more than half a dozen years, also obscures an important question about the psychological impact of conflict. If a few years of fighting, or being bombed, can cause lasting psychological scars, what happens when the war goes on for whole decades, perhaps even generations? The question, of course, is almost certainly unanswerable — but *War and Medicine* doesn't even acknowledge its existence.

And then, for all its many merits, there are the few instances when *War and Medicine* starts to wander off down cul-de-sacs. One of these instances — or, at any rate, so it seems to me — occurs in the discussion of medical experimentation on prisoners of war, with particular reference to the well-documented atrocities perpetrated on allied prisoners, as well as so very many other victims, by Nazi scientists.

Now, one can see, at one level, why the organisers may have thought it right to award this distressing subject such prominence. There's a danger, I suppose, that somewhere amidst all the 'good' medicine stories here — the warm evocations of the marvellous Mary Seacole, Florence Nightingale and their



successors, all the stories of mangled serviceman patiently patched back together by kindly and highly skilled surgeons (the photo of Dr Archibald McIndoe downing a quiet pint with members of his [Guinea Pig Club](#) is indisputably one of the more moving images in this extremely emotive exhibition), all the vaguely Heath Robinson contraptions that, despite their not particularly encouraging appearance, seem somehow to have saved human lives — some faint note of medical triumphalism might, here and there, have been audible. Their caution about this is, in many senses, admirable. It's no bad thing to be reminded that medical science needs a grounding in ethics, not least in times of conflict. Humility can, at times, be at least as attractive as arrogance.

The problem, though, is that the Nazis are so manifestly the 'Other', not only here but elsewhere — the reassuring moral terminus of so many twentieth century narratives, the marker of depths beyond which it's surely impossible to sink — as to rather obscure the nicer, less spectacular issues of wartime medical ethics that might crop up closer to home. In other words, once a Nazi is seen to do something immoral, our own burden of judgemental responsibility is lifted, because, well, immoral things are what the Nazis *did*. So we read, wince at little at the detail, glance briefly at the impassive faces of those various doctors-gone-wrong, and then move away. Would the same have been the case, however, had we been confronted with some of the shades-of-grey issues raised by battlefield triage, by more or less subtle forms of battlefield mercy-killing, or of medical treatment accorded to enemy combatants? What happens when doctors end up facilitating 'aggressive interrogation' techniques, or worse? And yes, these would, of course, have entailed wandering off down a different sort of cul-de-sac, and no, it's never possible to answer every question an exhibition raises. Still, these Nazi doctors seemed to me to constitute something of a lazy cliché on the part of an otherwise anything-but-lazy exercise.

My other minor criticism relates to the way in which *War and Medicine* addresses the issue of executions for desertion and related military offences, specifically during the Great War — which is to say, the subjects of the ['Shot at Dawn' campaign](#), which led to posthumous [pardons](#) for more than 300 British soldiers in 2006.

Now, one might well pause to question what, exactly, military indiscipline has to do with medicine — but in doing so, one would start picking away at a linkage that *War and Medicine* assumes rather than documents. For these executions and pardons are given prominent coverage in the section of the exhibition addressing 'shell shock' — or, to use the more contemporary phrase, PTSD, which is to say, post-traumatic stress disorder. The implication, then, is that all these hearings in courts-martial, the lonely last hours ended by the brisk crack of rifle-fire, were simply an antiquated, culpably inadequate response to mental illness. Thankfully, we know better now. Hence those painless pardons, names newly chipped onto the surface of old war memorials, an abscess on the nation's memory neatly lanced and healed.

It isn't that easy though, is it? Let's be quite clear about what I am, and am not, saying here. Some of the conditions endured by soldiers in the Great War were, it seems, so horrible as to be literally unimaginable. And some of the stories behind individual executions are, at this distance, all but heartbreaking. Certainly some of those shot for cowardice or desertion included unworldly seventeen-year olds, recruits of extremely low intelligence, and — apparently — men absolutely deranged by what they had experienced.

Heaven knows, I'd never want to face the challenges that these men faced, not least because I've absolutely no confidence that I'd have coped with the strains of combat more successfully than they did. On the other hand, though, the soothing one-diagnosis-fits-all implied by *War and Medicine's* narrative fails to convince me that indiscipline and desertion were in every event the result of medical rather than moral failings, or indeed, that all those pardons were justified. It takes, after all, an absolute effort of will to ignore the fact that mass-conscription armies often *do* have serious problems with discipline — that malingerers, rogues and cowards get caught up by conscription, just as soon-to-be heroes do. And while military law has evolved means of minimising the practical consequences of this, there is no reason to imagine that those means are going to be any more attractive, especially when viewed through the eyes of generations of peace-bred civilians, than much else relating to warfare.

And so we come back, once again, to that earlier point — in so many respects, war ends up as an inversion of normal peacetime practice. One of my favourite twentieth century British artists, David Bomberg, seems to have shot himself in the foot to escape the horrors of the Western Front. On one level, I'm obviously

glad that this prickly and not entirely emotionally stable figure survived to draw, paint, teach and nurse personal grievances for another four decades. But on another level, if his act of cowardice — his selfishness, really, in putting his own understandable anguish ahead of the safety and morale of his fellow soldiers — had cost a life or two, or perhaps more, as I suppose it may well have done, would the sacrifice have been worth it? Certainly not.

Bomberg seems, in later life, to have been deeply ashamed of his ‘S.I.’ (the fact that his generation could thus glibly abbreviate the concept of a self-inflicted injury tells its own story), while dramatic and literary accounts of the Great War written by veterans of the conflict (R. C. Sherriff’s *Journey’s End* will do by way of example) make it clear that cowardice was by no means the inevitable response to admittedly near-unbearable pressure. Even now, those who’ve actually served in combat situations manifest less considerably sympathy towards these long-dead malingerers, deserters and habitual insubordinates than our civvie-street journalists, campaigners and anti-war activists tend to do. The point — made once in my hearing by someone who’d actually commanded men in combat, in front of other such men — is that pretty much everyone has it in him to do the right thing or the wrong thing, and in a combat situation, you simply don’t make it any easier for anyone by blurring that line. To imagine that dressing up basic moral weakness as a purely biochemical malfunction also entails, necessarily, demoting genuine heroism to the status of purely biochemical plain-sailing. And who on earth would bother to raise a war memorial to that?

The alarming quality shared between war and medicine stems, perhaps, from the extreme perspective both offer on our human condition, which is to say, a complex picture of admirable skill, great bravery and generosity, heroic achievement — but also the terrifying apparent randomness of events, the radical collapse of individual importance, the unavoidable nature of suffering and mortality. All of this, I suppose, takes most of us quite some distance from the stuff of our everyday lives.

*War and Medicine* acknowledges, clearly enough, that sense of distance. The exhibition opens with a film installation created by artist David Cotterrell, who in 2007 visited Helmand Province with the permission of the Joint Forces Medical Group. Here’s how the film is described in the [PR material](#) for the exhibiton:

‘Theatre’ is a five-screen panoramic video projection that lasts 60 minutes, in which Cotterrell attempts to contextualise his experience of witnessing the treatment of combat victims in Camp Bastion, Afghanistan.

Actually, though, the film is nowhere near as vapid and disengaged as that ‘attempts to contextualise’ language might suggest. What it shows is, from memory, a group of Army medics simulating a medical rescue aboard a Hercules transport aircraft. As the low-key action plays out across three walls of a largish darkened room, we’re seated in the dark space against the fourth wall, rather as if we were there on the aircraft, dealing with the noise, the continuous headachey juddering motion, the sense of anticipation and apprehension about what we’re about to experience (‘disturbing images’, anyone?) — stuck in a liminal space between two different realms of activity, each with its own defining codes of practice.

The film is, we are told on the way in, ‘a simulation of a simulation’ — and of course it’s perfectly true that this is just an exhibition’s safe, mediated, bloodless account of war and medicine, all second-hand and selective, occasionally unavoidably voyeuristic, shocking or marginally sentimental. And we know, of course, that when it’s over we can walk away and get on with the rest of our lives. The fourth side of the room that the exhibition cannot possibly begin to show is what it must be like to have to deal daily with the sort of issues raised here — not just the more obvious scars of war, either, like paraplegia or blindness, severe facial disfigurement or permanent brain damage, a lifetime of benefit dependence and unreliable mental health, but — closely related to that last, I suspect — the dislocation that occurs somewhere between the realities of war and peace. Mr Cotterrell illustrates this point very clearly in his essay ‘Artist’s Diary’ in the book version of *War and Medicine*:

During my month-long stay in Helmand, two British soldiers died, 29 were wounded in action and there were 74 admissions to the field hospital. 71 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 proximity of advanced surgery to the front-line have led to a 'disproportionate' number of casualties surviving. In the media, we hear about the deaths, with only 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 TV, 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.

Paradoxically, however, the most earnest and passionate attempts to bridge this incongruity — not least, the excellent [Helmand: The Soldiers' Story](#) at the National Army Museum — usually end up demonstrating how fundamentally unbridgeable it is.

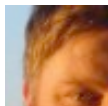
That, I think, is the point of 'Theatre' — its insistence both on the need for a journey, and on the necessary inadequacy of that journey. And that, in a sense, is also the point of the thoughtful, grave, fair-minded and bleakly fascinating *War and Medicine*. What to say about it all? Perhaps, in the end, the point lies less in saying anything, than in confronting, however obliquely, the terrible moral reality underpinning our world of nations, tribes, explicit and implicit doctrines. Humans, it turns out, can wound and also heal, hate and nurture, love and destroy — too often, indeed, do all these things concurrently. At some level, of course, we knew all that already. Yet it's the achievement of *War and Medicine* that it condenses the evidence for this into a handful of smallish rooms, eschewing easy answers. And in doing so, it renders unavoidable precisely that banal yet salutary truth which, under normal circumstances, we'd so much rather drown out with the sound of our own reassuring, oblivious, irrelevant voices.

2 Comments

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## 2 Comments



• [Antoine Clarke](#)  
[30 March 2009 at 8:54 pm](#)

I hadn't heard about this exhibition and I think I will take a look, if it's still on.

But on a technical note, I think I must correct you when you wrote:

There's a passing mention of the Red Cross, in the context of its foundation in the First World War, but what about organisations like Médecins Sans Frontières which take medicine into conflict situations without, in theory, siding with any of the participants?

I believe the Red Cross was founded after the Battle of Solferino in 1859, after which Jean-Henri Dunant (I believe a Swiss eye-witness) founded the organisation. The logo was selected by inverting the Swiss flag so it would not be confused with any of the combatant ensigns.

Some info here: [http://en.wikipedia.org/wiki/Battle\\_of\\_Solferino](http://en.wikipedia.org/wiki/Battle_of_Solferino)

My French great-grandfather was partly gassed in the First World War: he survived for six years before his lungs gave out. The family memories that have been handed down mention how he would go to the café in Marseille, where he was a school headmaster, having been a journalist. He probably put a very brave face on it, but some of the anecdotes suggest he managed to enjoy life: I don't think he quit smoking his pipe for several years after the War.



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[31 March 2009 at 5:55 am](#)

You're right about the Red Cross, Antoine. Having looked into it a bit over the past few minutes, I think the exhibition was making a point about how the International Federation of Red Cross and Red Crescent Societies was founded in 1919, after the Great War, to coordinate large-scale international projects, while of course the International Society of the Red Cross was founded Dunant, after the battle of Solferino. But of course when I wrote 'the Red Cross' the phrase blurred this distinction. It's interesting to see it re-instated.

I wish the exhibition in question were still on — I only saw it myself in its last week — not least, because I'd have liked to have heard your reaction to it. But in any event the memories of your great-grandfather's experiences are fascinating. Thanks for the comment.

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