

**Thackray Museum**

**Acquisition and Disposal Policy**  
**2008**

**The Thackray Medical Museum Company Limited**  
**Governed by the Board of Trustees of the Thackray Museum**

**Policy approved by the Board of Trustees on 17<sup>th</sup> November 2008**

**Next Review: November 2013**

## **1. Statement of purpose**

### **1.1 The legal objectives of the Thackray Museum are:**

To advance the education of the public in matters relating to medical treatment and products and in particular to establish, preserve and maintain for the public benefit a museum in or near to Leeds which has as its objective bringing to the awareness of the general public advances in medical treatment, science research and development with particular reference to the evolution of the medical supply trades and special regard being had to any links with Northern Britain and in particular Leeds.

### **1.2 These objectives are currently addressed through the museum's forward plan, which has five key aims:**

1. Establish the museum as a key partner locally, nationally and internationally
2. Develop and enhance the collections
3. Increase and diversify audiences and engage with the community
4. Provide stimulating and engaging visitor experiences and education programmes
5. Develop financial and organisational capacity to grow the museum and its activities

### **1.3 The acquisition and disposal policy is linked to the five key aims in the following ways:**

- The museum will develop and use the acquisition and disposal policy to develop and enhance the collections in a strategic manner, and in a way which is consistent with our aims.
- The museum's work on partnerships, audiences, the community, visitor experiences and education influence the policy and decisions about what to acquire or dispose of.
- The museum does not currently use the collection directly to generate income. We will, however, take steps to protect the intellectual property rights of the collection in order to protect potential future income streams from this source. We will also consider the financial implications of our collecting activities.

## **2. Existing collections**

### **2.1 Background to the collections**

**2.1.1** The museum's collections first originated in 1985, when the Leeds-based medical company, Chas. F. Thackray Limited, began to collect books, objects and archive materials relating to the history of the company's products. Following the sale of the company in 1990, this collection became the foundation for the much broader collections of the Thackray Museum.

**2.1.2** The museum is run as a charitable limited company, which owns the collections and is responsible for developing all forms of access and facilities for visitors. The museum receives core funding to support the collection from the Thackray Medical Research Trust.

**2.1.3** The museum collections illustrate the history of medicine and healthcare, as evidenced by the products of the international medical supply trades. The collections can be divided into three categories of material: objects, library and archives. This acquisition and disposal policy applies only to the museum's accessioned object collections.

**2.1.4** The museum also holds a collection of non-accessioned objects for use in handling. These are usually duplicates of material already held in the accessioned collection. The handling collection is not covered by this policy.

### **2.2 Collecting philosophy**

**2.2.1** The accessioned object collection currently includes over 42,000 objects ranging in date from the Roman period to the present day. The vast majority of the collection relates to the period from the 1700s to the present.

**2.2.2** The collection has been developed to illustrate changes in the history of medicine and healthcare from the perspective of the international medical supply trade, with the aim of preserving the material evidence for the role of the medical supply trade in the history of medicine.

**2.2.3** To date the acquisition philosophy has pursued a medical and industrial model, perceiving objects predominantly from the perspective of those who designed, produced, manufactured or used them. The collections are catalogued and indexed using an in-house classification system derived from the structure of the Chas. F. Thackray Limited company trade catalogues. Hitherto, there has been less emphasis on the experience or perspective of the patient or person on whom they were used. However, it is now the intention to develop the relevance of the collections by collecting objects which are enhanced by associated and contextual information and evidence, detailed below in section 3.1.5.

**2.2.4** A fundamental aim of collecting has been to form a reference collection of objects from the medical supply trade, to enable accurate dating of objects based on product design and development. This is supported by the museum's non-accessioned collections of trade literature from the medical supply trade. The aim of forming a reference collection has promoted a culture of collecting widely, especially where objects provide evidence of medical supply companies not otherwise featured in the museum's collections.

**2.2.5** Collecting is also prioritised on a geographical basis, in line with the museum's legal objectives. Consequently, the products of companies from the Leeds area (including Chas F. Thackray Limited), and from northern Britain more widely (including, for example, Sheffield) feature most extensively in the collections. During the 1900s, these "local" companies began to supply medical products globally, which is partly why we talk about the "international medical supply trade" in describing the collections. The museum also collects products from European and other countries for purposes of comparison and to illustrate the extent, influence and interplay of different companies and products in the international medical supply trade in the widest sense.

## **2.3 Current collections. The principal areas of the collections are:**

### **2.3.1 Surgical instruments and implants**

- Instruments and implants from the 1600s to the present day, with the period 1870-1970 particularly strongly represented.
- Instrument makers' patterns from the late 1800s to late 1900s.
- Products from over 20 different countries represented, especially British, German and French instruments.

### **2.3.2 General healthcare and hospital equipment**

- Non-instrument equipment supplied to and used by healthcare providers and patients.
- Includes hospital and dental equipment and furniture from the 1900s.
- Includes a wide-ranging and important collection of British anaesthetic equipment.

### **2.3.3 Pharmacy**

- Pharmacy equipment and drugs, from about 1580 to the present day.
- Includes the J.F. Wilkinson collection of British and European pharmacy, mainly from the 1600s and 1700s.
- Includes mainly British drug jars and equipment from the 1800s and 1900s.
- Includes bulk raw materials, finished products, early proprietary medicines and a collection of British patent medicines and quack treatments.

### **2.3.4 Disability equipment and aids**

- Important holdings relating to hearing and audiology, including the Stevens collection, the collection of the British Society of Audiology and the Martin collection.
- Includes examples of audiological testing equipment, and hearing aids ranging from unusual acoustic examples of the 1800s to an extensive range of early electronic devices of the 1900s.
- Also includes spectacles, walking sticks, wheelchairs, and artificial limbs, mostly dating from the 1800s and 1900s.

### **2.3.5 First aid and domestic medicine**

- Mainly British first aid and domestic medicine material and equipment, mostly from the 1900s.
- Includes quack products.

### **2.3.6 Medical supply trade advertising**

- Free gifts or “trade giveaways” relating to the medical supply trade.
- Includes a small collection of medals, tokens and coins with medical links, usually produced for advertising or promotion purposes

### **3. Criteria governing future acquisitions**

#### **3.1 Collecting priorities**

**3.1.1** We will collect objects illustrating developments in the history of medicine and healthcare, with a particular emphasis on preserving the evidence of the role of the medical supply trade. We prioritise the story of the medical supply trade, which is not a collecting priority for other medical history museums or organisations in the UK.

**3.1.2** We will prioritise collecting on a geographical basis in line with our legal objectives, by collecting objects firstly from the Leeds area, then from northern Britain, and then more widely, where local examples are not available. We will continue to collect non-UK examples where these offer a specific contrast or comparison, or where these meet the museum's key strategic aims as detailed in the forward plan, for example collecting in relation to an immigrant community in the museum's local area, or for a specific education need.

**3.1.3** We will focus on the strategic development of the collections by initiating active collecting projects focused on a specific theme or specialism, and taking into account the aims of the museum's forward plan. Initial collecting projects will cover contraception, sexual health and mental health, commencing in 2009. Future collecting projects will be determined by consultation with our users, non-users, staff, trustees and other relevant stakeholders. These will enhance or complement the museum's existing collections.

**3.1.4** We will develop the significance of the collections by:

- a) making collecting decisions based on research into existing collections elsewhere in the UK, and abroad if appropriate.
- b) avoiding duplication of material held by other UK accredited museums, unless there are exceptional grounds of provenance or local significance.
- c) attracting funding for collecting activity, including staff time, research, training and for purchase of historic objects.
- c) obtaining associated object information before making a decision to collect from medical supply trade companies, medical practitioners and consumers of medical products about their experience of particular products or procedures.

**3.1.5** We will develop the relevance of the collections by collecting objects which are enhanced by associated and contextual information and evidence, such as details of place of production, place of use, sales material, technical manuals, records of use, policy documents, photographs, or oral histories with manufacturers, medical practitioners, patients and consumers.

## **3.2 Areas of limited collecting**

**3.2.1** We will collect only significant additions to enhance our existing reference collection of early medical instruments that pre-date the mid-1800s. We define a *reference collection* as one which provides key points of reference for dating objects and technical developments in instrumentation or procedure. We will therefore only collect objects from before the mid-1800s which can be accurately dated; demonstrate either a change in technical development or continuity in technical development over a period of at least 10 years and, ideally have a reliable and interesting provenance.

**3.2.2** We will limit our collection from the mid-1800s onwards to a representative collection of medical instruments and equipment. We do not consider it a sustainable aim for the museum to collect a comprehensive reference collection for mass-produced medical instruments and equipment from this later period. We define a *representative collection* as one in which one item will be collected to be representative of all similar items. We will not collect examples of all the types in any given group. For example, one brand of patent cough medicine for a particular period, not all brands, or one make of a specific instrument and not all makes or sizes.

An exception to this might be, for example, if we undertake a specific contemporary collecting project, in which we decide to collect all of the types of patent cough medicine sold in a particular high street chemist at a particular time, or a full set of surgical instruments for a specific procedure.

**3.2.3** We will apply specific criteria to collecting material to enhance areas of the collection which are already well covered. These are based on detailed knowledge of the existing collections and are detailed in Appendix 1.

## **3.3 Passive collecting**

The museum welcomes offers from the general public that are relevant to the museum's collecting policy. Material may also be acquired in this way for the museum's handling collection.

## 4. Limitations on collecting

### 4.1 The museum will take into account limitations on collecting imposed by such factors as staffing, storage and care of collection arrangements.

It recognises its responsibility, in acquiring additions to its collections, to ensure that care of collections, documentation arrangements and use of collections will meet the requirements of the Accreditation Standard. The museum will also consider the implications of collecting potentially hazardous material, including radioactive artefacts and those containing asbestos. It will specifically aim to record the following types of equipment by methods other than collection:

### 4.2 Large equipment

The museum does not currently have the storage space to permit general collecting of large equipment. Large equipment includes, but is not restricted to, anaesthetic and x-ray machines, scanners, incubators, dental chairs, operating tables and shop fittings.

Items of large equipment will only be collected subject to satisfaction of the following criteria:

- i) the object fulfils a specific purpose, with a direct and immediately planned public outcome, and where a long-term storage solution has been identified, normally in an area of public display;

and

- ii) the object is substantially different from existing items in the museum's own collection, and in the collections of other British and European medical museums **or** if the object is of particular historic or local significance;

Alternative methods of collecting will be used where desirable, including recording representative examples of large equipment by filming, photography, or drawing. These records will be stored with other supplementary information about their manufacture, development or use, such as instruction and installation manuals, oral history or other information.

Occasionally, where appropriate, a significant or interesting *part* of a large item may be collected rather than the whole, especially if this represents an important innovation or difference to an item already represented in the collection.

### **4.3 Electronic equipment**

Specialist electronic equipment, which is difficult to maintain and often incomprehensible to a non-specialist, will not be collected. Alternative methods of collecting will be used, including videos and manuals showing equipment in use.

### **4.4 The museum does not collect:**

- Preserved medical specimens, including human tissue attached to recovered orthopaedic implants.
- Pathology or laboratory items, unless of the kind which a General Practitioner might use directly in diagnosis.
- Ethnographic items.
- Statues or paintings, unless they are required specifically for display or are of particular significance in the history of the medical supply trades.

## **5. Collecting policies of other museums**

The museum will take account of the collecting policies of other museums and other organisations collecting in the same or related areas or subject fields. It will consult with these organisations where conflicts of interest may arise or to define areas of specialisms, in order to avoid unnecessary duplication and waste of resources.

Specific reference is made to the following museum(s):

Anaesthesia Museum  
Army Medical Services Museum  
Berkshire Medical Heritage Centre Museum  
British Dental Association Museum  
British Optical Association Museum  
Florence Nightingale Museum  
George Marshall Medical Museum  
Hunterian Museum at the Royal College of Surgeons  
Jenner Museum  
Museum of the Royal Pharmaceutical Society of Great Britain  
Old Operating Theatre, Museum & Herb Garrett  
Royal College of Physicians of London Museum  
Royal College of Surgeons of Edinburgh Museum  
Science Museum, London  
University of Aberdeen Pathology and Forensic Medicine Collection  
University of Edinburgh, Anatomy Museum  
University of St Andrews, Anatomy and Pathology Collection

## **6. Policy review procedure**

The Acquisition and Disposal Policy will be published and reviewed from time to time, at least once every five years. The date when the policy is next due for review is 9 November 2013. The Regional MLA will be notified of any changes to the Acquisition and Disposal Policy, and the implications of any such changes for the future of existing collections.

## **7. Acquisitions not covered by the policy**

Acquisitions outside the current stated policy will only be made in very exceptional circumstances, and then only after proper consideration by the governing body of the museum itself, having regard to the interests of other museums.

## **8. Acquisition procedures**

- a.** The museum will exercise due diligence and make every effort not to acquire, whether by purchase, gift, bequest or exchange, any object or specimen unless the governing body or responsible officer is satisfied that the museum can acquire a valid title to the item in question.
- b.** In particular, the museum will not acquire any object or specimen unless it is satisfied that the object or specimen has not been acquired in, or exported from, its country of origin (or any intermediate country in which it may have been legally owned) in violation of that country's laws. (For the purposes of this paragraph 'country of origin' includes the United Kingdom).
- c.** In accordance with the provisions of the UNESCO 1970 Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property, which the UK ratified with effect from November 1 2002, and the Dealing in Cultural Objects (Offences) Act 2003, the museum will reject any items that have been illicitly traded. The governing body will be guided by the national guidance on the responsible acquisition of cultural property issued by the Department for Culture, Media and Sport in 2005.
- d.** The museum will not acquire any biological or geological material.
- e.** The museum will not acquire archaeological antiquities (including excavated ceramics) in any case where the governing body or responsible officer has any suspicion that the circumstances of their recovery involved a failure to follow the appropriate legal procedures.

In England, Northern Ireland and Wales the procedures include reporting finds to the landowner or occupier of the land and to the proper authorities in the case of possible treasure as defined by the Treasure Act 1996.

In Scotland, under the laws of *bona vacantia* including Treasure Trove, the Crown has title to all ownerless objects including antiquities. Scottish archaeological material cannot therefore be legally acquired by means other than by allocation to the Thackray Museum by the Crown. Where the Crown chooses to forego its title to a portable antiquity, a Curator or other

responsible person acting on behalf of the Trustees of the Thackray Museum, can establish that valid title to the item in question has been acquired by ensuring that a certificate of 'No Claim' has been issued on behalf of the Crown.

f. Any exceptions to the above clauses 8a, 8b, 8c, or 8e will only be because the museum is either:

acting as an externally approved repository of last resort for material of local (UK) origin; or

acquiring an item of minor importance that lacks secure ownership history but in the best judgement of experts in the field concerned has not been illicitly traded; or

acting with the permission of authorities with the requisite jurisdiction in the country of origin; or

in possession of reliable documentary evidence that the item was exported from its country of origin before 1970.

In these cases the museum will be open and transparent in the way it makes decisions and will act only with the express consent of an appropriate outside authority.

g. The museum does not hold or intend to acquire any human remains.

## **9. Spoliation**

The museum will use the statement of principles 'Spoliation of Works of Art during the Nazi, Holocaust and World War II period', issued for non-national museums in 1999 by the Museums and Galleries Commission.

## **10. The Repatriation and Restitution of objects and human remains**

The museum's governing body, acting on the advice of the museum's professional staff, if any, may take a decision to return human remains (unless covered by the "Guidance for the care of human remains in museums" issued by DCMS in 2005), objects or specimens to a country or people of origin. The museum will take such decisions on a case by case basis; within its legal position and taking into account all ethical implications and available guidance. This will mean that the procedures described in 12a-12d, 12g and 12s below will be followed but the remaining procedures are not appropriate.

The disposal of human remains from museums in England, Northern Ireland and Wales will follow the procedures in the "Guidance for the care of human remains in museums".

## **11. Management of archives**

As the museum holds archives, including photographs and printed ephemera, its governing body will be guided by the Code of Practice on Archives for Museums and Galleries in the United Kingdom (3rd ed., 2002).

## **12. Disposal procedures**

### Disposal preliminaries

- a.** The governing body will ensure that the disposal process is carried out openly and with transparency.
- b.** By definition, the museum has a long-term purpose and holds collections in trust for society in relation to its stated objectives. The governing body therefore accepts the principle that sound curatorial reasons for disposal must be established before consideration is given to the disposal of any items in the museum's collection.
- c.** The museum will confirm that it is legally free to dispose of an item and agreements on disposal made with donors will be taken into account.
- d.** When disposal of a museum object is being considered, the museum will establish if it was acquired with the aid of an external funding organisation. In such cases, any conditions attached to the original grant will be followed. This may include repayment of the original grant and a proportion of the proceeds if the item is disposed of by sale.

### Motivation for disposal and method of disposal

- e.** When disposal is motivated by curatorial reasons the procedures outlined in paragraphs 12g-12s will be followed and the method of disposal may be by gift, sale or exchange.
- f.** The museum will not undertake disposal motivated principally by financial reasons

### The disposal decision-making process

- g.** Whether the disposal is motivated either by curatorial or financial reasons, the decision to dispose of material from the collections will be taken by the governing body only after full consideration of the reasons for disposal. Other factors including the public benefit, the implications for the museum's collections and collections held by museums and other organisations collecting the same material or in related fields will be considered. External expert advice will be obtained and the views of stakeholders such as donors, researchers, local and source communities and others served by the museum will also be sought.

### Responsibility for disposal decision-making

**h.** A decision to dispose of a specimen or object, whether by gift, exchange, sale or destruction (in the case of an item too badly damaged or deteriorated to be of any use for the purposes of the collections or for reasons of health and safety), will be the responsibility of the governing body of the museum acting on the advice of professional curatorial staff, if any, and not of the curator of the collection acting alone.

### Use of proceeds of sale

**i.** Any monies received by the museum governing body from the disposal of items will be applied for the benefit of the collections. This normally means the purchase of further acquisitions. In exceptional cases, improvements relating to the care of collections in order to meet or exceed Accreditation requirements relating to the risk of damage to and deterioration of the collections may be justifiable. Any monies received in compensation for the damage, loss or destruction of items will be applied in the same way. Advice on those cases where the monies are intended to be used for the care of collections will be sought from MLA.

**j.** The proceeds of a sale will be ring-fenced so it can be demonstrated that they are spent in a manner compatible with the requirements of the Accreditation standard.

### Disposal by gift or sale

**k.** Once a decision to dispose of material in the collection has been taken, priority will be given to retaining it within the public domain, unless it is to be destroyed. It will therefore be offered in the first instance, by gift or sale, directly to other Accredited Museums likely to be interested in its acquisition.

**l.** If the material is not acquired by any Accredited Museums to which it was offered directly as a gift or for sale, then the museum community at large will be advised of the intention to dispose of the material, normally through an announcement in the Museums Association's Museums Journal, and in other specialist journals where appropriate.

**m.** The announcement relating to gift or sale will indicate the number and nature of specimens or objects involved, and the basis on which the material will be transferred to another institution. Preference will be given to expressions of interest from other Accredited Museums. A period of at least two months will be allowed for an interest in acquiring the material to be expressed. At the end of this period, if no expressions of interest have been received, the museum may consider disposing of the material to other interested individuals and organisations giving priority to organisations in the public domain.

### Disposal by exchange

**n-r.** The museum will not dispose of items by exchange.

## Documenting disposal

**s.** Full records will be kept of all decisions on disposals and the items involved and proper arrangements made for the preservation and/or transfer, as appropriate, of the documentation relating to the items concerned, including photographic records where practicable in accordance with SPECTRUM Procedure on deaccession and disposal.

## Appendix 1

### Collecting criteria for established areas of the collections

#### 1.1 Surgical instruments and implants

The museum aims to develop its already strong reference collections of surgical instruments. Strong emphasis is placed on collecting objects with a manufacturer's mark, owner's name or other form of provenance or supporting information. This information is essential to the formation of a reference collection of accurately datable items, for which little information has previously been available. Particular emphasis is placed on items that illustrate either the medical or technical development of a product.

Collecting will be focused on the following areas:

- Instruments from 1500 to 1750.
- Marked instruments from 1750 to 1850 which are not already represented in the collections.
- For the period after 1850, provenanced sets, unusual or rare items or complete sets of equipment from individual practitioners.
- Surgical implants and associated instrumentation.
- Modern surgical equipment representing new innovations and developments in medical knowledge, e.g. plastic-handled scalpels, keyhole surgery.

#### 1.2 General healthcare and hospital equipment

Key areas of the collection that this covers include Anaesthesia, Dental and X-ray apparatus. We will develop specific criteria for collecting in these areas.

##### Disposables

Whilst recognising the associated conservation problems, the museum seeks to collect a representative sample of sterile, packaged plastic and rubber goods because of their central and essential role in modern medicine and healthcare. Where objects are acquired in sealed packaging, a second duplicate item may be acquired so that an opened example is also available. Particular effort will be applied to supplementing this collection with product information, whether in printed, film or digital media. The degree of success in managing the complex conservation requirements of these items will inform future collecting policy in this area.

##### Uniforms

Uniforms dating pre-1920 will be given priority. Uniforms dating post-1920 will only be acquired where accompanied by, or accompanying, material which provides an object history and provenance.

### **1.3 Pharmacy**

- English pharmacy ceramics from the 1600s and 1700s that are dated or initialled, or which have an unusual shape or design.
- Representative examples of continental pharmacy jars of types or from countries which complement the existing collections.
- Representative examples of pre-1800 dispensing bottles and equipment.
- Unusual types of chemists' bottles and rounds from the 1800s.
- Examples of dispensing bottles from local institutions and hospitals from the 1800s and early 1900s. Representative examples of bottles from other areas or institutions.
- A representative selection of pre-packaged and dispensed medicines including quack or fringe products, up to the present day. The more recent the item, the more emphasis is placed on collecting the original packaging and instructions.
- Representative examples of dressings and bandages up to the present day.
- Materia medica sets from before 1880.
- Domestic medicine chests from before 1780.
- Small advertising cabinets for use in a shop.
- Representative examples of 'patent' poison bottles.

### **1.4 Disability equipment and aids**

Priority will be given to collecting disability equipment and aids with a good object history, firstly including photographs and stories about use and, secondly, advertising material or purchase/supply details. The aim will be to enable the museum to interpret disability equipment and aids through the experience of the person who used them, rather than purely seeing these objects as products supplied to people with disabilities.

The museum now has a strong collection of audiology equipment and hearing aids. Further examples of audiology testing equipment will not be acquired without strong justification, and after consultation with expert colleagues in the field.

Additions will only be made to the hearing and audiology collections if they meet one of the following criteria:

- a) the object is a rare historic survival, on a par with those in the Stevens collection;
- b) the object represents a substantially different story to those already collected,
- c) the object is an item of personal equipment with a particularly strong provenance,
- d) the object is of recent production and use, which brings the collection up to date.

### **1.5 First aid and domestic medicine**

Representative examples of first aid and domestic medicine supplies up to the present day.

## **1.6 Medical supply trade advertising**

A representative selection of trade giveaways.

Medals, medallions and tokens in the following categories:

- Tokens and medals connected with the medical supply trade.
- Larger medals which illustrate eminent figures in the history of medicine.
- Representative examples of medals earned by practitioners accompanied by, or accompanying, other supporting information or items.

## **1.7 Contemporary collecting**

Contemporary collecting and material from the 1950s onwards will focus on a smaller number of representative items and their accompanying information, illustrating history, manufacture and use.