It's in my hands now

Jennifer B. Reed

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Recommended Citation
A Thesis Submitted to the Faculty of
The College of Fine and Applied Arts
in Candidacy for the Degree of
MART OF FINE ARTS

IT'S IN MY HANDS NOW

By
Jennifer B. Reed

April 16, 1983
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Date: 6/9/83
Preface

To begin with, I have chosen to hold my thesis to totally original thought. This coincides with the fact that I am the first MFA candidate in Medical Illustration at RIT, and the fact that there have been numerous times that I feel I have done this whole program independently. Therefore, to be influenced by or to cite anyone would be inappropriate. (This is besides the fact that the truly great medical illustrators, daVinci, Albinus, Vesalius; all considered themselves scientists, not artists. I come from a different direction in my thesis.)

The basic theme that runs throughout my work and beliefs in that Medical Illustration can be presented as a "fine art". This concept is one that has been extremely important to me for two years, as long as I have been exposed to the specialization of the arts here at RIT. Last spring this concern worked its way into a paper, which I have included as the Appendix. That paper is key to understanding what it is that motivated me to present a group of work as I did, and it should be read carefully. The remainder of this paper includes the thoughts of mine before, during, and after my visual pieces were done.

"It's In My Hands Now", then, is a record of my thoughts, ideas, frustrations, beliefs, and feelings on a continuous theme over the past year --- thoughts of my own, for I have had to go through the physical and cerebral
processes on my own. My master's work has been, and continues to be, in my own hands.
Before

I have decided that the best way to deal with this is in diary form. So far. (In homage to Mary Lum---).

So, you're going to do a thesis in order to get your MFA in Medical Illustration at RIT. The first one ever. You can do no worse than anyone!! You also are setting a precedent. Feel the pressure much? I'm not even going to think about it.

I have not done any medical illustration at all this summer. Illustration yes, medical, no. I feel like if I do, it has to be wonderful, seeing as I'm going to be doing a thesis. I'm just going to have to take it slowly at first, that's all. One thing at a time.

What are your goals and objectives that you want to accomplish through your thesis show?

1. Very important to me -- I do not want to do a body of work that is cut-and-dry Medical Illustration. First of all, I would rather expand myself to "Scientific Illustration" (the name of my program at Wells), and I want this to show in my work.

2. I want the work to be "aesthetically pleasing". More on the illustration side than the graphic design side. This is very important to me. To quote Judd Williams, "If work is going to hang in a gallery, it should
look like it belongs in a gallery". I feel this is possible with Medical Illustration, and it's a major objective for me. I want the works to be more than just accurate and detailed illustrations of something scientific.

3. I want the body of work to be cohesive -- to deal with the same subject matter, but in different aspects, different emphases perhaps, and maybe in different media.

I think that sounds good so far. And as far as what goes on in this wonderful blank book, we'll just have to see what happens. After all, it's only August.

Colors, I want colors.

Maybe, yes, some movement.

Let's think about figure drawing for a while.
O.K.
Up at Holi Mont now. Sitting on the deck of the chalet looking at the mountains. It's warm and still. Just had breakfast, Andy is staining the deck, and it's a wonderful time to just sit and think.

Yesterday was the first day of classes. Printmaking. Dave Dickenson and Scot both treated my like I was a pro. Felt kind of good. I have got to learn how to have more self-confidence in my ability. I have done well so far in school, so I really should be ready to tackle this.

David keeps telling me not to have anxiety attacks about my thesis, that it's for me, and nobody else, and that that is all I should concern myself with. What it is that I want to do ----

I just got an Independent Study with Harry Bliss. Six credits worth. I'm thinking of it in preparation for my thesis and for portfolio pieces. It will deal with illustrated anatomy, both surface and deep. In different media -- Harry is so great with ideas on how to use different media to get special effects. I'm excited to be working again with him.

I was thinking of different animals, such as homologous movements in man, dog, rabbit, bat, whale, fish -- that type of thing. So, it would be good to concentrate on man's movements this quarter.
I also think that I want to work with both watercolor and color pencil. On large paper -- like 24" x 36" Rives or Arches. Maybe two or three or four positions in a movement, but only one movement with the anatomy.

Arms would be good.

One small movement of a hand entails so much research into the correct positioning of the bones!! One position is enough for now, as long as it show some sort of action. Cover stock is not the right kind of paper to work with Prismacolor on. (Too late now.)

A fascinating thing about Prismacolor -- if you build up layer upon layer, after a while it all begins to move and blend. Almost like it melts a bit. And the colors themselves begin to blend as well! This is a great way to illustrate the different contours of the bone!

This drawing just died -- my fault. I failed to draw out a complete sketch of the hand before I transferred it to the cover stock. And now my proportions are all wrong. What a costly mistake in time.

Use a figure, and draw a portion of that figure as if you can see through the skin. Then, place it on the paper in such a way that it would stand on its own as a piece of "fine art".

The arm behind the back of a woman, showing the muscles of the arm. On illustration board, that will hold up better and is smoother than cover stock. Again, an incredible amount of research for the proper positioning of the muscles. Forget any ideas about illustrating more than one
position of any movement. It would be too busy, and probably end up looking dead instead of alive. Overkill.
The Prismacolor is not enough. It needs to be tied together. I'll try using some watercolor washes with it.
Another discovery!! Watercolor mixed with Prismacolor causes the Prismacolor to break down to a certain degree, and the two media blend into a different color wash. This is terrific! Layer the color pencil with the wash, over and over again, and the blending and mixing of the two makes the drawing richer, and they become their own separate type of media. I have to do another drawing using the same idea and same media to try to learn how to handle this better. This time, the muscles in the leg.

This is great!! So rich!! So far, the drawings have been really delicate, and the background has been secondary. I want to go back to drawing bones, as in the first drawing, using the combination of watercolor and color pencil, and make a strong drawing. Strong, like the bone.
Genia has this great watercolor board that you can pull washes totally out of if you don't like them, and I'm buying a large sheet from her.
The knee.
Harry is so smart -- just a couple suggestions from him, and the drawing became so much richer! In the shadows, first put down a wash of very bright yellow, then work over that. Shadows have color in them, even though they are dark. To get a more three dimensional effects, model the subject matter with very light washes going from cool tones to warm tones. And for reflected light areas, don't use just white, but a light wash that
shows a reflection from the background color. The painting sure looks better now. Fuller, richer, with more depth and character.

Some of the illustrations in the Color Atlas of Human Anatomy that I like the best are those that combine pen and ink with watercolor/color pencil. The colored part is the emphasized part, and the rest is stippled. This would be a great way to illustrate a portion of the body that is in movement. Let's go back to the hand.

A hand reaching for something. The skeleton drawn in stippled black ink, and the muscles done in color. The hand reaching for something in the same color family as the muscle. An apple.

Totally bizarre idea -- "Zap lines" to indicate energy of movement of hand toward the apple. Also to tie the hand and apple together. Will try a little more frisket action here, as on the bone.

Rives heavyweight takes the watercolor so well. However, the frisket tore it to shreds. Back to Genia's board to try again.

Idea of energy and space, something totally beyond just anatomy. Lots of zap lines from the hand, the apple repelling. Splatter, splatter, splatter in the background for an atmospheric, space-like feeling. Totally weird. I like it. Backgrounds are becoming more and more important in communicating an idea.

Back to reality. Figure drawing. I've got a great one of the model's back. Leads me to think of brain and spinal column. Before my thesis work starts, I would like to experiment with Dr. Martin's Dyes and bleach, so I think
this is the time.
Composition, double image, vertical lines of drapes, spinal column and form, offset by horizontal arm. Balance is important. Two views of the same subject matter, nervous system and circulatory system interwove here, but shown separate. Building from the dye in the background, and letting the bleach take away. Subtle and delicate, as the subject matter. It works!
The best piece of the quarter! Does this mean I'm ready?
Winter

So now it's Winter Quarter, and everything I do now is my Thesis. What an awesome thought.

Q: What is the purpose of a written thesis?
A: To accompany and enrich the art work. (Don't ask me, I'm just trying all of this out.)

Q: Should it explain the visual work?
A: No, it shouldn't have to. How many people that look at your work in the gallery are going to bother to go read your Thesis Report?

Q: But, what if you want the written to go hand-in-hand with the visual?
A: Do we have to get into this? The same old argument of whether the work should stand totally on its own, or is it ethical that part of the work be the written part? Is this necessary?

Q: Well, I think it's important. Otherwise, why am I even writing?

   Good point. You are now left speechless.
   So -- I'm writing something that does go with my work. And in some cases, it my explain why I'm doing what I'm doing.

That is important to me -- a lot of thought and work has already gone into what I'm doing, and more is to come. As a matter of fact, a lot of related thought was put into words in Doug Coffey's class, and I think I will incluce my paper as an Appendix to this paper. It's where it really all started to take shape for me. And then, after seeing and reading that, you could see where maybe I could have entitled my thesis:
HOMAGE TO JUDD WILLIAMS
or
MEDICAL ILLUSTRATION CAN BE HUNG IN A GALLERY.

Well, yes, it does look like I am setting out to prove something, not only to me, but to a lot of other elitist individuals who pride themselves, and only themselves, on being artists.

Time to start to work.
During

"I'd Rather Stay Naked"

We have had a black model recently that has a wonderful muscular build. What an inspiration to work from!! The best work I did for Harry was from the model, and I think I should keep that up. This model would be perfect.

And it would give my work that consistency that I want.

Mary took a great photograph of Steve (the model) that I have borrowed to work from. The lighting is dramatic, and the pose is really alive. His muscles are just beautiful, and they scream to be drawn. The surface of his back just ripples, and I have to get it onto paper. The surface could be a landscape of sorts.

This needs rendering, very careful and particular rendering. That was the surface will be the preeminent feature.

No background color -- every line that goes down should be a part of him.

One important thing that I learned from Harry's class -- do a complete pencil rendering before you put one line down on the board you will be working on.
I want the drawing to say "body" and "form", and a clean, precise rendering would do that. The media to use -- definitely not watercolor or color pencil -- they aren't crisp enough. I think I'll stick with something I feel very comfortable in, especially for this first drawing. Pen and ink. I love pen and ink. And I think I'll try to do this all in cross-hatching.

The pencil sketch has served a great purpose. In the sketch, I treated parts of the background the same way as I did the body, and I left parts of the body unfinished, like the background. All in all, a very pleasing drawing, but it looks flat. I have now definitely decided not to put anything in the background. Keep the drawing just that of a stark figure, after all, that's what the drawing is all about, the form.

Color, color: body colors, warm colors, earth tones. Sensual colors.

Brown.

Place him in his empty field in such a way that the void behind him is a large portion of the drawing.

Render the body as if it is coming out of the background space. Sculpting, creating, with the pen.

Keep it subtle and flowing, like a landscape. Interesting juxtapositioning of hatch lines with idea of an amorphous bulging mass.
"Homage to Steve"

This one photograph has so much potential; I've got to keep exploring it for all it has to offer me. One piece of subject matter can have so many different levels of presentation. By delving into them and presenting these aspects together -- a group of "fine art" pieces depicting various attitudes of one view of the human figure -- perhaps that can begin to illustrate the depth of beauty the form has to offer.

The line of the back is so beautiful. The spinal column is such an incredible piece of architecture, the delicate bones fitting together in such a way that they support the head and carry the weight of the torso. This is an idea that stemmed from the back drawing I did last quarter for Harry.

Bones are so incredible -- I'm looking at the bones in the vertebral column now -- so delicate, and yet so strong.

I need to show the skeleton as an integral part of the human structure, yet apart, as strong individual, delicate pieces.

   Strength to be depicted through vertical lines in composition.

   Delicate rendering of vertebral column. Perhaps also in vertical lines, as the last drawing for Harry was all done with vertical lines.

Time to start sketching.
My Lord, this is a complicated piece of machinery.

I've got this idea of having the vertebral column fading away into the body, of trying to make the spinal column blend into the surface of the body.

The technique of dye and bleach that I used last quarter would work well here. Working the shapes out from the background, and taking away with the bleach. The vertical lines of the spinal column's rendering could be done with bleach in a pen or from a very fine brush.

The horizontal formed by the models right arm should counteract all the verticals caused by the bleach lines and the spinal column arrangement. I'll place him on the left side of the board, instead of on the right, as the last one. Depiction of the whole vertebral column seemed too too vertical. I'll draw only the first seven or eight, and then fade them into the body right in the middle of the back.

Color: I want the bone to be bone colored. This means that when the dye is removed with the bleach, a bone colored acrylic wash should be underneath. I also want to pull the body out of the background, so the body color should be darker than the background. I'll make it a body color, such as a dark bluish brown, a real life color. So, the dyes over the acrylic wash should be somewhere in between, yet incorporating those hues. I'll try coats of brown, yellow, and blue dyes.
Well, the wash and dyes look great. Bleaching out the dye with a very small paintbrush in vertical lines. The bleach works great, and the bone color is holding up underneath it. This is going to take a hell of a long time.

The skull and vertebrae have been bleached out where the highlights are. Now, to fade into the body -- I've extended the bleach lines. This means now that the highlights of the body have to be done all in bleach lines, too. I'm glad I have months to do these drawings.

The bleach is not enough to pull the vertebrae together. It looks good, but they need more definition, the bleach isn't precise enough. I'll have to work back into those forms with something darker, to depict the contour and shadows of each bone. Nothing harsh, but something delicate, to do the job without really being seen. Stippling with a very fine pen point would do it. With a related color, such as purple. (However, a bit bizarre.) What am I getting into?

The stippling of the bones looks great!! It's nice to know I have learned how to accomplish a few things. Unfortunately, to tie the rest of the drawing together, the whole form must be stippled, or it would all get too confusing (if I did it in any other way). I think I'll use a larger pen than for the bones, though.

Stippling the body will give it that transparent look, important for the
feeling of being able to see the bones through it. An interesting interlocking of the positive and negative spaces. Sort of a mesh.

Off to stipple. Back in weeks.
"Nuclear Waste"

The model's left hand is beautiful, just beautiful! The shape and position are just fascinating.

Let's keep with bones. I love bones.

Also, keep with the idea of the image being pulled out of the background: a bone coming out of the background of a similar bone color.

As much as I love bones, there really are almost too many in the hand. Again, I'm so indebted to Harry's class for the mere fact of learning to do a detailed sketch. That's almost where most of the real work comes in (unless you're stippling for a week and a half). After finishing the sketch of the hand, I have realized that I can't limit this drawing to just the bones of the hand. It's dead. I need to add something that would add interest, color, and a little of the medical illustration aspect. After all, almost anyone can draw plain bones. So, after looking through my text books, I've come to the conclusion that the ulnar artery is just what I've been looking for. It circles around the palm of the hand, it has branches to each finger, and then it tapers off. Just like I intend drawing the radius and ulna, tapering off into the background.

And the red of the artery will go great with the bone.
I love drawing bones using watercolor washes and Prismcolor, using ochres and ultramarines and raw umbers. Great earth tones, and so smooth. The buildup of prismacolor and wash does such wonderful things, you can actually get the Prismacolor to break down and almost melt and move.

Reds and blues in the artery, more body colors.

Well, the bones look great, and so does the artery. Now there is this large dilemma as exactly what to do with the shoulder. In or out?

   Leave it for a while. I just don't know.

Space: space is so important. Atmosphere-like space over a bare-boned hand. That's in for sure.

So -- what about the shoulder? I want to make it look like the hand came from the same photograph as the others did, and leaving out the shoulder would make it look different.

   But, the hand is so powerful by itself.

   An outline.

   An outline around the arm, fingers, and shoulder.

Very subtle, yet still there. And that way, the cut-off fingers are also explained. No shoulder bones or muscles there -- just space.
So now what do I do with this space?

I want the bone to be emerging from the background, yet I want the space to be interesting and "airy". Aha! The airbrush! I'll do some fado-blendo with the airbrush from a bluish, space-like tone at the top of the painting, to the bone color at the bottom, and then the bone will look like it's rising out of a pool of color into space! How cosmic.

As an afternote after this one was done -- I think the whole thing looks just terrific. What a hand. Doing something like this makes me feel good about my ability, both as a medical illustrator, and as an artist. If nobody else feels that way after seeing these paintings, that will be too bad, but the most important person, myself, will definately feel that way.
"Hot Air Feels Good"

I find myself wanting to go deeper and deeper into the body, still working from that same image. Somewhere in the head, a horizontal piece -- that's next.

The Inner Ear, from behind. A horizontal space through the outer ear into space to the arm, so that this drawing is still recognizable as part of the same series from that one photo.

Post-sketch: This isn't going to work. In order to include the arm in space, the piece would have to be about six feet long, because the inner ear is so small that in order to see it and reproduce it at a proper size, (my determination of proper), it has to be enlarged an incredible amount. So, the space has to be cut out, at least most of it. I'll keep some of it at the very end, just so that I've gotten out of the head. And I'll have to make sure that the outer ear, the auricle, can be recognized as that, an ear. The ear on the model. Hopefully that will work.

The inner ear is so sculptural, it definitely calls for watercolor and Prismacolor to build up the structural aspects of it. Delicate, fine work with the bones, as always. The recesses in the ear are very important space. I'll make them appear deep and dark, strong and powerful. The cochlea is a seashell-like structure, and I'll try to depict it as such, as china, fine porcelain, and perfect.
The image here is such a strong horizontal, with a very powerful vertical of the outer ear on the right. I'll place the whole thing in the lower left hand corner of the board. This way, it will look as though it is running off the image area into the rest of the head.

El bombo!! I'm trying to get this to look so real, and it keeps getting tighter and tighter. I'm getting too close to it, and too into it.

What do I do with all this space?

How do I get the drawing to look alive, after I've killed it?

Simple. Quit.

Well, it's weeks later now, and I have completed another painting, and have had a lovely relaxing ten days in Rhode Island where I did absolutely nothing, and I have come back to look at this horrendous painting and guess what? I do believe it can be salvaged. Time can work miracles.

I will deal with the background and the rest of the space before deciding if the rest of the drawing needs anything more, or less. The outer ear is an important shape, but very large, and not key to the depiction of the inner ear. I will keep it as a shape, therefore, very simple, and this should also serve to counteract the preciseness and "deadness" of the inner ear. A flat tone, whose only function is to provide a vertical and a landmark. Airbrush ochre tones over all of the space, making the shape of the outer ear a darker value, and the value of the space outside
a bit lighter.

Thank heavens that helped it. There are hundreds of mastoid air spaces in the bone around the inner ear. By adding those, using a loose watercolor and color pencil technique, the transition between the graphic ear and the illustrated ear should be smooth, and the whole thing should be tied together. Keeping the air spaces in the same values as the bone.

I wish you could see the sigh of relief when I viewed this painting once it was finished. To pull something back from the graveyard isn't always easy, and doesn't always work. This time it did. I guess I really am learning something here. Thanks to a lot of "fine art" instruction, such as the importance of balance of color and composition, the overall appearance of the painting along with the components in it, and keeping an overall color scheme throughout the painting.
"Spring Break"

Muscles -- we need muscles!! Something loose and different, to get me away from that stupid ear!!

The shape that the right arm makes with the head is interesting, as well as the space between them all. A long thin vertical piece comes to mind, emphasizing the arm.

The muscles in the arm of this model are so well developed in this area, so well rounded.

Pull the muscles out of the background color. Reddish wash, and sculpt the muscle out of that. And let's see if I can do it with just Prismacolor, no watercolor with it.

Well, I've learned from the sketch again. Rendering all the muscles of the arm would only lead to massive confusion. There's no need to overdo them, rendering just a couple of them should get the idea of massiveness across. The biceps, deltoid, and lattisimus dorsi should be all, and I'll leave the lower arm alone.

I can't leave the lower arm alone. Looks funny. I'll put in the bones, the radius and ulna, and connect the muscles to their respective bones.
For the sake of continuity within the drawing, I shouldn't limit the bone to only one area. What about the head?

No. I'm just going to leave the whole head out. Maybe a faint outline, like I had in the hand. The space that is formed without the head there is much too interesting, and the head might only serve to confuse, as well as close that space up, so that we are trapped inside.

I will put the bones of the shoulder joint in, drawing the scapula and humerus as if you could see through the large ligament of the biceps. This should be interesting -- a strangely transparent body, with the muscles having a lot of form.

Well, that's done, and the painting's lacking. Definately lacking. I have to do something more with the background. It's there, but it's not doing anything. The upper and lower arm also need more shape.

The whole thing needs to be richer, somehow. Don't touch it yet. Leave it. Well, now I have two paintings in the "leave it" stage. Do I start another one? I think that would only confuse me more now, and I'm also beginning to feel the deadline pressure. I'll take the first three to be framed. That will give me a sense of accomplishment that might just spur on some creativity.

I tried adding richer, deeper tones (dark blues and purples) to the bones
and muscles, to give them more contrast and more bulk.

But there's still something missing.

The shape of the figure isn't strong enough yet, but I don't want to render any of the shape of the body beyond what's already been done. One overworked piece is enough.

O.K. I'm going to kill two birds with one stone. I'll deal with the dead background and hopefully give the shape some definition by strengthening the shape in the background, leaving the original red showing through the drawing. Color? The purplish-blue used in the recesses of the muscle. Pretty drastic, but it might just need that. On to the airbrush.

It worked. The piece came back to life just by doing that! An interesting color scheme, but totally justified. It has somewhat of an oriental flavor to it. I kind of like it. Let's see if we can resurrect the ear.
After

So, they're done.

Five pieces of anatomically correct medical illustration. But as far as I'm concerned, they're much more than that. The subject matter could be classified as such, that is for sure, but the manner in which I dealt with their presentation was as that of an artist. Media, composition, form, color, style, gestalt; it's all there. My thought processes went far beyond presenting the human form as a technical drawing. I was creating pieces of art. And there they stand, as pieces of art. Alone, and as a cohesive unit.

Reactions to my work were, and still are, very important to me.

The woman who framed them said she would like one to hang on her living room wall. Andy's parents, who are very artistic, want one to hang on the landing at the top of their stairs. My classmates viewed them as paintings, not just technical illustrations. My co-workers in Medical Photography at the hospital commented that this is the way medical illustration should be done -- so that it's interesting and beautiful, while remaining accurate. A very close doctor friend of mine said that I had surpassed Netter. Art professors dealt with them the same way they dealt with any of the other works in the gallery. Fellow graduate students
interacted with me and my work as equals. All reactions were positive, and positive on a level where I was being compared with all others around me. Never once was the positive reaction qualified by "for medical illustrations, they're fine". That was never even mentioned. Except by Judd, who said that they still don't belong on a wall. But whether he was joking or not, I don't know.

After all, what really is a more beautiful piece of artwork than the human body!? All aspects of it?

Coming from a liberal arts background, I maintain a strong belief that a person well educated in many subjects has more to offer than someone whose education has been limited to a narrow, specific field. This theory applies to those in the art field, too. Being competent in oils doesn't, in itself, automatically lead one to produce a good painting; the fundamental aspects of some school of design should be apparent. Color is just as important to a woodworker or a ceramist as it is to a printmaker. These facts should be recognized, and those in their own specific study of art shouldn't try to claim any privileges to any certain elements. Broadening one's horizons should be viewed as an enriching experience, not a threatening one. Therefore, I feel I am totally justified in my belief that Medical Illustration not only can be presented as a "fine art", hanging on a gallery wall, but that, if done properly, combines aspects of all fields of artistic study.
This is what is important to me, this is the impetus behind my thesis: the education of those "elitist" artists as to the well-roundedness and real talent that is a part of Medical Illustration. We are artists, and have been educated as such, and we need exposure as such. I don't feel that all the aspects of the art world (fine arts, applied arts, the crafts) will ever coalesce into one harmonious mode of expression -- a "Utopian" form of art. I don't even believe that that is desirable. But some form of mutual communication, understanding and education is desirable, if "art" is to keep from becoming stagnant. In the same manner that the recently ultraspecialized fields of science have realized that in order to grow, they must grow together, the different studies within the art field should learn more about each other and use that knowledge in their own work. Medical Illustrators apply their knowledge of all different fields in their work -- I would now like to show others that Medical Illustration is a valid fine art, and has a lot to offer the rest of those who call themselves artists. What better a way to start their education than by exposure in a gallery with my peers.
APPENDIX

A Study of Medical Illustration:
A Humanistic Program
in an Elitist School
Introduction

The fact that science and technology are constantly impinging themselves in greater degrees on our lifestyles is apparent in everything around us: we have talking check-out registers, computer-generated weather maps, and soon IDs will be checked through a machine that identifies you by the blood vessel pattern in the back of your eyeball. Knowing that "for every action there is an equal and opposite reaction" in the physical sciences, it is curious to observe the reaction of the fine art world to encroaching technology. As I see it, there could be two possible routes of action in response. One would be for the artist to ban together with other artists in a counter-attack on science, and to produce in an even more elite and pluralistic manner. This is where we seem to be right now, or have been, in the recent past. The second choice is to join forces with the scientist and produce art that can communicate with a greater number of people with a wider range of media. This humanistic, or "Utopian" mode seems to be the route art is more concerned with now.

That this concern with art that is for the mass public (elimination of "high" and "low" culture) using methods and media that the public can identify with is immediate and future-oriented can even be reflected in the fact that the most recent issue of ARTnews (May, 1982) contained three feature articles dealing with the issue. (These were "Does the Public Want Public Sculpture?", "Tuning In To Nam June Paik", and "O Brave New World!"). The interesting fact about this "new" attitude in contemporary
art is that it isn't new. It's this type of Utopian art that was the basis for the foundation of the DeStijl School, which was then the basis for the Bauhaus, and it is this issue that Marshall McLuhan addressed in his work "Understanding Media: the Extensions of Man", back in 1964. Does the fact that these reactions keep occurring in society mean that this really is the true way in which art should move, or does the fact that it is not a constant mean that there is enough anti-Utopian elitism inherent in the art world to inhibit its "taking over" completely? I cannot hope to answer this question in such a general way -- I can only come to grips with the problem by associating it with a similar conflict in my own life, and then by making a generalization from that conclusion.
I am a graduate student in Medical Illustration at the Rochester Institute of Technology, and I will graduate next year with my Master of Fine Arts Degree. Therefore, according to the Institute, I am a "fine artist", as are the painters and the printmakers (as opposed to the applied artists in Graphic or Industrial Design of the craftspeople in textiles, ceramics, metals, glass, and wood). If there was ever an art form that could be termed "humanistic", however, I feel it would be Medical Illustration. Here the department sits, therefore, torn between the elitism that is present in Fine Arts at RIT and the humanistic element in our artwork dictated by its subject matter. My concern is that of where the department is now, and in what direction it should be headed. Should we bring some humanistic elements into the Fine Arts, or should we cater to their pluralistic attitude, seeing as history tells us that however "good" a Utopian movement may be, it just won't work?

Some background on the Medical Illustration Department at RIT would be useful. Medical Illustration is a greatly expanding program here, both at the undergraduate and graduate levels. Five years ago, the Medical Illustration program (undergraduate, this is the first year for the graduate level) was taught in one room in the Engineering Building. This year, for the first time, Medical Illustration finally got a private studio for the graduates and the seniors. The juniors and sophomores, however, are still taught in the same "floating" drawing room on the third floor in the College of Fine and Applied Arts Building that Medical Illu-
stration has been using for the past four years. The room they found for us this year had been a storage closet. Next year we have another new room, this one with three times as much room, windows, and a skylight. Obviously, Medical Illustration is coming into its own at RIT. The reason why should be clear, especially to those who have been aware of Dr. Rose’s and Dr. Johnston's concern for "function" in a Fine Arts Institution (a Utopian ideal?) Medical Illustration can be considered "functional", and there are jobs in the field; the administration's view is that of expanding functional programs, therefore Medical Illustration is rapidly growing.

For those of us in Medical Illustration, it is wonderful to finally be recognized as part of the CFAA, and to finally get a room and some equipment. Because of society's technological orientation at the moment, any institution that doesn't change its programs to meet those needs understandably hurts itself. My personal conflict stems from the situation now at hand; I do not like the idea that the functional (humanistic) arts are growing at the expense of the other fine (elitist) arts. Because of this concern, because of my curiosity as to what others were feeling on this same subject, and because Medical Illustration is growing at such a rate that I think its direction should be taken into consideration, I devised a set of questions for students in the CFAA. (The answers are in the Appendix).

The first four questions were asked of everyone. I wanted to see what people's conceptions of Medical Illustration were, and whether or not they
had any difficulty with the fact that we are considered a "fine art" by the administration. The Sibley Show takes place at the Ward Gallery in the Spring, and includes Painting, Printmaking, and Medical Illustration. (It did not occur this year due to organizational difficulties). I also wanted to know how people felt about getting a job in the fine arts (as opposed to the romantic idea of the "starving artist"), and just how creative we appeared to be. The second half of the questions were directed only to those in the field. Here I wanted to find out if Medical Illustration was keeping up with the expectations of it, and if anyone was aware of any ill feeling towards them for choosing a humanistic rather than elitist pathway, or if they themselves felt that way. I also think it is time for the curriculum to be analyzed, and I wanted the students' feedback on what was needed. Finally, I was concerned with the end result of the whole program -- were those graduating from the department going to use their degree? These ideas were the basis for the following sets of questions.
Set of Questions

For all the students I asked:

1. When someone says "Medical Illustration" to you, what do you think of?
2. Does it bother you that Medical Illustration is considered as part of the school of Fine Arts here, along with Painting and Printmaking? How did you feel about us being included in the Sibley Show last year?
3. How do you feel about the fact that it is a job-oriented fine art field?
4. Do you think there is any room for creativity in Medical Illustration?

I continued with these for the Medical Illustration students:

5. Why did you choose Medical Illustration?
   Do you ever regret your choice?
6. Do you ever feel like you are "selling out" your fine art ability, or has anyone ever suggested that to you?
7. If you could change the program here, what would you do?
8. What are you going to do with your degree?
After studying the answers, I have come up with the following observations, which will be divided up according to question:

1. Most people think of Medical Illustration as highly technical drawing of anatomy. Most of the work would be done for textbooks. A few people brought in the operating room procedure and photography aspects, as well as some charts and graphs.

2. a. Most of the Medical Illustrators are not bothered by being considered a "Fine Art", although there was some hesitancy in their answers; some felt that it was false advertising or that we really didn't fit into any category. There were a couple of Medical Illustrators who did not like being associated with the Fine Arts, they felt Medical Illustration should be considered as Applied Art.

Most of the other students also didn't mind us being included in Fine Arts either. People spoke of it as another talent, and the fact that all art is art, and that the dividing lines shouldn't be drawn anymore between Fine Arts, Applied Arts, and the Crafts. There were a few who were very opposed to the idea because of the technical drawing involved.

b. Of the Medical Illustrators involved in the Sibley Show, all of them thought it was a great idea, and was good for exposure.

Of the other students involved with or aware of the Sibley Show, reactions
were split. For those who weren't opposed, it seemed to be just that they really didn't think about it (so obviously it didn't bother them), or that they thought, once again, that the dividing lines between different types of art should be dissolved. There were also those opposed to Medical Illustration works being hung with paintings and prints because they really didn't belong in a gallery.

3. As far as Medical Illustrators were concerned, they all thought it was great that it is a job oriented field. That was the reason that some people chose it, that it was practical. There were other thoughts expressed, too, such as every field is job oriented, and feeling sorry for the painters.

Most of the other students thought it was good that Medical Illustration is job oriented, that we should all get jobs in what we are in school for. There were a few, however, that make the distinction clear that nothing that is a Fine Art should be job oriented, and vise versa.

4. All of the Medical Illustrators felt they could be creative in their work, some felt that there was more room for creativity than others did. The same feelings held true for those outside the field.

Continuing with just the Medical Illustrators?

5. The basic reasons why the students chose to go into Medical Illustration
were a liking of both art and science and therefore wanting to combine them both, and the need to make money, therefore choosing a Fine Art that was job oriented. The great majority of students didn't regret their choice of field at all -- there was only one vehemently opposed to what he had done. Any regrets or drawbacks seemed to stem from the discipline and "stifling" problem-solving approach that the program works within.

6. Only a couple of people said that they didn't feel as though they were "selling out" their Fine Art ability, and that no one had ever said that to them. Then there was a group of people who they themselves did not feel that way, but students and teachers have said that to them. The rest of the students felt that they were "selling out" to varying degrees.

7. In response to this question, I got a great deal of suggestions:
   -More instructors
   -More science courses, possibly a whole year of anatomy at the U.of R.
   -Freshman year should be changed so that they have more science and a separate foundation course
   -Sophomore year should include more GD and less photography
   -The photography that is taught should be consistent and integrated into the whole program better
   -Less time taking General Studies courses, with more studio time
   -More time in the operating room
   -Larger facilities
   -Accredation from the AMI
-Making the program five years long, possibly combining the undergraduate and graduate programs

8. Most people want to work in the field somehow, and those that weren't quite sure about that knew that whatever they would do they would be using the skills that they learned in the program.
Discussion of Answers

There is an awful lot more to Medical Illustration than people are aware of. Obviously everyone thinks of us as technical renderers of anatomy, using our skills for textbooks and operating room procedures. The fact is, Medical Illustration is involved in much more, even in just the hospital setting: medical photography, charts and graphs, journals, brochures, and exhibits. Outside of a hospital and publishing companies, there is a large market for Medical Illustrators in science magazine publications, whether in the articles themselves or as advertisements (i.e. for pharmaceutical companies), in museum and archaeological work, and as forensic sculptors. I believe some of this lack of conception is due to the fact that we are such a new department that the rest of the art world just isn't adequately educated. I also think that better education and dissemination of information on the part of the program itself is called for. I do know, for a fact, that since we have been in our room across from the Cary Library, and since we have received display cases in which to exhibit our work, many more people are aware of the fact that we even exist, and what we are about. Every year we have a show in the Union, and throughout the year, different Medical Illustration students have their own exhibits, either in the Union, or in the library. We are also always included in the Honors Exhibit. I think that the longer we stay in the building and continue to exhibit different types of work in our display cases, the education of the public will continue to grow, as being in all those shows didn't really help much. The main problem is the fact that
since Medical Illustration is such a specialized field, no one not in the program is allowed to take any courses in it. I think it would benefit everyone if a Medical Illustration elective was offered. This act in itself would help to eliminate some of those "dividing lines". Medical Illustrators are allowed to take electives in any area, and that is an important part of their education. The reverse should at least be offered if we are a part of the College of Fine and Applied Arts. The idea that "all art is art" was the predominant feeling among the students, and I believe that this reflects the trend towards humanistic and "Utopian" art. Those few that were opposed to this attitude were very much established in the Fine Arts, and have had their "elitist" attitude cultivated for some time. It shouldn't be surprising, then, that they would find fault with considering Medical Illustration a Fine Art. As far as the job question was concerned, I was very surprised at the positive number of responses. This, too, reflects the growing humanistic, and perhaps pragmatic, approach that the artist now has, as opposed to the rarer elitist romantic idea that if you are an artist then you should starve. The mere fact that there is room for creativity in the field, and that this was acknowledged, places it as a valid Fine Art; a ballet dancer is an artist even though she may not do her own choreography, and a symphony orchestra member is an artist even though he is playing someone else's score. The fact that sometimes an artist has to work within constraints doesn't mean he stops being an artist.

Now, as far as attitudes in the program are concerned:
It appears that the students entered the program from two different directions, either from the science end or the art end, with a liking for both, hoping to combine them, (Here again we see divisions vanishing as science and art merge.) Most were very content with their decision, therefore the program cannot be faulted for any false advertisement. The program is also flexible enough (within its own restricted curriculum) that you can spend time with the aspect of Medical Art that interests you. Everyone in the program has their own special interest that they pursue. This interest does not conflict with being a Medical Illustrator, just the opposite, it enhances one’s work all around. People use their skills in one area when they are working in the second area. The students in Medical Illustration have taken to heart such special interests as computer graphics, communication design, photography (both black and white and color), sculpture, printmaking, painting, and animation, and have integrated those with their Medical Illustration. This is an incredibly important aspect of the program; it allows for free expression of the artist in the Medical Illustrator, and it adds more aspects of the fine art world into Medical Illustration. Medical Illustration cannot and should not exist as a separate entity from the rest of the programs. They serve to enhance one another. I shall repeat myself again: this all reflects that ever popular humanistic element present in the art world. There is something important that should be considered here, however, and that is the fact that those elements of painting, printmaking, sculpture, animation, etc., are important to the Medical Illustrator as they stand -- as separate disciplines from Medical Illustration. They would not hold their importance if they
didn't offer something different, therefore, even if education of the arts
is at a humanistic level, it couldn't hold its importance if the arts
didn't retain some of their differences and elitism. It is an interesting
concept, as is the idea of "selling out" one's artistic ability to do
something practical with it. This is obviously a remnant of a strong
elitist attitude that is still present in many of us. The barriers do
still exist in some people's minds, and I wonder (but didn't want to ask)
whether or not there also exists some sort of jealousy on the part of the
fine artist of those of us who have chosen to be marketable. That is not
an issue that just involves Medical Illustration, though, and really
shouldn't be dealt with here. The main point is that most of us seem to
have been brought up with an elitist attitude concerning Fine Arts, and
even though we may be very happy with the choice we have made, the remains
of that attitude are present in a humanistic field.

Concerning the program itself:

I have included the present syllabus of the undergraduate program in the
Appendix. From listening to all those that I questioned, it seems that
there is just too much material to be learned adequately. Instead of
suggesting that there be some things eliminated from the program, the gen-
eral consensus was to add more courses but over a longer period of time.
I recommend this suggestion be seriously considered. Medical Illustration
covers such a wide range of topics that in order to become skilled at all
of them, more time must be spent with them. This would not be done at the
expense of any of the outside fine art offerings, as a matter of fact, students expressed their desire to take more studio courses. Implementation of a five year program to handle these needs should be considered, along with some additional professors to handle the load, and perhaps the offering of an elective in Medical Illustration. (This could be in the form of an intense figure drawing/anatomy course.) In this way, Medical Illustration could be integrated even more into the Fine Arts. All of the other suggestions that students made should be considered, but I feel that these are the most important.

As a concluding thought, it is reassuring to know that all of those graduating with their BFA in Medical Illustration plan to use their skills they learned in the program, either directly or indirectly. Obviously, then, it is not "so" specialized if the talents can be applied elsewhere.
Conclusion

In the Introduction I raised some questions about what route art seems to be taking in response to encroaching technology. I proposed that art could either hermitize itself and become more elitist, or it could drop all barriers to the public, be encompassed by all society, and become humanistic. By studying the Medical Illustration program at RIT I hoped to come to some sort of answer, Medical Illustration being a very humanistic art form that is stuck in an elitist school. My conclusions were thus: Medical Illustration, and all forms of humanistic art, are growing and expanding. This would tend to follow the pattern in art history of humanistic, or Utopian art, gaining popularity after great leaps in industrialization and technology. However, I have come to the strong conclusion that there will always be a need for some sort of elitist art, both in the whole "art world" and in the individual artist himself. Even those of us who are dedicated enough to a humanistic art form (Medical Illustration) have a strong need to create in elitist fields, such as sculpture, printmaking, and painting. This does not present a conflict, on the contrary, it helps to enrich our creativity in everything we do. Therefore, the "fine artist" in the "applied (humanistic) artist" should not be stifled. This, too, is mirrored in art history, as waves of Utopian art were followed by waves of Elitist art. I believe strongly that neither form of art is the way of the future -- they are both important, exist in all of us, and in the art world as a whole. They should be allowed to live freely, as they tend to enhance one another.