

## Interview: Living Subjects

Christine Borland/Craig Richardson

Craig Richardson:

Christine Borland's work is trans-national, and has a cross-disciplinary significance. Its conceptual elements, of course, appeal to reason but her work has many visceral and sensual aspects. Medicine practices are frequently a reference point and her work often arises through the stimulation of the mind, and feelings, to the special creative conditions of the laboratory.

In making such a point, which seems distant and descriptive of a pre-programmed project, it is important to acknowledge that her work is not an attempt to equalise the disciplines of art and medicine. Speaking of her methods, deployed and invented, Christine is conscious that ultimately she is 'an artist making an artwork... a new currency' and not 'just information or the recreation of a scientific process'. That which is special to each, remains special to that. Analogies and comparisons between the programmable borders of galleries as well as the monitored restrictions of medical environments are never forced. And yet the work reminds us that we, the viewers, are bound variously to call upon the knowledge found in both.

The parameters of her methods, which allow for discovery through chance, accident and anecdote, surface when considering works such as Alpha Foetal Protein Test, Cold, 1999, or HeLa, Hot, 1999. A doubtful question or a chance remark, perhaps initiated by something mundane, leads to something extraordinary. Like many artists Christine is compelled to convey her own enthusiastic response to surprising discoveries and material findings. These are the aspects of practice which artists seem keen to share with fellow artists in conversation. I vividly remember when we were exhibiting together at Chisenhale, watching her remove her received postal items from their padded envelopes, sent to her by friends and strangers, in response to Small Objects That Save Lives, and thinking I could never give up so much trust to others' consideration of my agenda, my necessities. Yet these envelopes contained typologies of the whole world and were in turns witty, sad, genuine and obscure. There has remained since then a real sense of give and take in her work, communication provides revelation.

Increasingly each and every artwork she produces is a surprising technical feat, given the ethical implications and self-circumscription of her methods. She asserts these as a matter of fact and can be perplexed by the approaches others have made to similar subjects and materials. As she describes, for example, her given reasons for not using a 'real skull' in a particular work are hardly obfuscatory – she just wouldn't! On occasion I have seen her pained by the difficulties of keeping on track, in deliberation of these methods, while avoiding the visual opportunism for which artists are known to be skilful. She does not linger on the image – she pares it down.

With reference to new work planned for The Fruitmarket Gallery exhibition for which this interview was conducted, Borland maps the historical and contemporary effect of the legacy of Hippocrates. Knowledge has limits though, and Borland's work seems to arrive at unanswerable questions. I'm paraphrasing, speculating, of course. Artists rarely talk in such a pointlessly rational way, which only explains a context. However it seems reasonable to remind ourselves that Hippocrates is said to have descended from Asclepius, the Greek god who raised the dead and whose cult included 'incubation' and the interpretation of dreams.

The academic categorisation in art research frequently flounders, and Christine like others finds herself set within the terrain of History of Medicine. Where medical histories are referenced in her work it is to give a new lease of life to an advanced artistic practice. My suspicion is that she feels that the residue of humanity which might be incorporated into medical environments, without distilling its effectiveness, is often overlooked, abbreviated, mystifyingly absent. And it is difficult not to surmise this may be a consequence of its history and their methods. At their most melancholy her 'records' of the dead form a history of mortality which might seem morbid, but creating records of the deceased is partly the job of the living; a companionable activity to the job of ritual remembrance. This can be testing at times, in curious ways, I recall asking, through a dawning sense of realisation, that perhaps she shouldn't use bone dust as this would entail me breathing in the dead cells of a deceased human... which we do all the time, literally and metaphorically. And as her civic sculptures and temporary monuments seem to remind us, creating public examples of the dead is simply a facet of living.

So, her works show us that we, the living, and the dead are all in the same mix of life. The past is important to her, there remain layers of autobiographical import in her works, but to scratch away at these is to scratch at the self. The work has become increasingly exact; its precise aesthetic serves knowledge. Where 'tragedy' is to be found in her work it appears as an act of unfolding analytical purpose, by the artist and then the viewer.

The crushed red melons of your work *Stairwell, Running, Falling, Rising*, 1993, part of *The Velocity of Drops* series, 1993–98, remind us that nature pits itself against the living and benefits from the occurrence of random events. Did you have such a fatalistic outlook from your early years? Surely it has not arisen through 'research' but something you 'know'?

Christine Borland:

It reflects a kind of wonderment of the power of nature in all its forms, 'good' and 'bad', how close the miraculous in nature is to the destructive, the self-destructive, or potentially fatal. The wonderment began in childhood, it's quite a simple 'country life' thing. My hometown was one of several villages which grew up around the textile industry in the valley of the River Irvine. It felt very rural despite the many factories and their hundreds of workers. These workers – including my Dad – would go fishing after work, there was a real connection to nature. A precious part of my education was learning the names of trees and birds and where to find worms – it sounds ridiculous but sitting all day looking for a four-leaf clover was a perfectly valid thing to do.

And was it explained to you that nature provides solutions and creates change, some of which results in death, and some of it like the four-leaf clover, an aberration, and a delight –

Not 'explained' that sounds like a lecture, more it just unfolded quite naturally in all aspects of daily life.

We learn from an early point in life the difference between life and death and good and bad. Your works suggest continuity between 'good' and 'bad'.

Yes, especially in relation to the destructive/regenerative power of nature. Thinking simply about evolution, 'mistakes' propel nature forward. I wonder whether there is the potential for an inherited disabling condition to become something indispensable for survival in the aftermath of an environmental change or disaster? A mistake becoming something the next generation would regard as an advantage. Could there be a future scenario whereby Down's Syndrome's chromosomal abnormality would become essential, or like Sickle Cell Anaemia, a life-threatening disease, but one in which the distorted shape of the blood cell offers a degree of protection against malaria from mosquito bites.

Greg Hilty comments in his essay in this book that your work 'reminds us also that we all carry around with us the ghosts... of our dead childhoods' and Michael Tarantino said elsewhere that it reminds us of 'the notion of the parent watching the child' (Bullet Proof Breath, Toronto 2001). We've touched upon your childhood and the parent/child relationship, but as far as I'm aware you haven't dealt with children as the subject of a work.

I suppose lots of the work refers to embryology... and all the pre-natal work... but actual children, no. Anything to do with children or even childhood, raises the emotions to such a heightened extent that the viewer's contemplative space gets filled too readily. Obliquely – I now have different considerations when making work that involves shooting and ballistics because of events at Dunblane. The same problems apply in areas of public concern within other general working territories – the organ removal for example in the Alder Hay Hospital scandal, was red hot because it referred mainly to babies who had died and had their organs removed without parental knowledge or consent and were then buried, with parents having no reason to believe their bodies were anything other than complete. These kind of references are always around in the public arena as I work but I don't feel they need to be specified.

You've made lots of exhibitions in Germany. You can speak German. Charles Esche writes that you feel 'a deep sympathy with Germany'.

Yes, I think that's true, but it's complex to respond simply to that. It goes back quite a long way. My Dad taught himself German because he was sent to Germany to look at machines as part of his job in a lace factory and his enthusiasm rubbed off on me. I have made an active attempt to do things in Germany, I speak German, and my affinity with the country took on its own momentum when I began to be invited to work in response to German sites/spaces and considered the contexts in relation to the developing interests in my work.

Do you feel at home there culturally in some way?

Yes, I do – the angst of the German cultural situation in relation to their historical situation. And what that means for people of my generation, by proxy, how much guilt we should be shouldering or not, what that means now. I did an exhibition there during the first Gulf War, which as a reference point in Germany was so, so different in comparison to the apathy in Britain. We hadn't had to shoulder that relatively recent national responsibility for conflict. It really meant a lot to go there and talk to people and think about it from their perspective. I felt at home with that anxiety, I really liked that: the anxiety of the historical inheritance. From a present-day perspective, how it might be reflected by their actions.

And how do German galleries and audiences deal with the effect of the work's, admittedly oblique, references that touch upon the Third Reich and the Holocaust?

Well, in most cases the work's historical context is relatively neutral (if such a thing can be possible). Obviously in Germany that contemplative space I mentioned earlier is highly charged. It's interesting, I don't have to alter the actual work in any way – it's the public and the context which make the difference. I don't feel as if the works themselves are necessarily dealing with the enormity of such an inheritance. The Mengele work *L'Homme Double*, 1997, couldn't have been made in Germany, perhaps the work I did in Münster the same year (*The Dead Teach the Living*, 1997), was in similar territory but reaction to using that actual name would have caused a distracting conflict, closing down engagement, which wouldn't be helpful considering the complexities of the work.

It strikes me that your exhibitions make a deceptively minimalist space. The aesthetic and visual values you discover and access while making art in medical and scientific environments are retrieved for the purposes of displays which are compelling and horrific, but in a coldly detached way, much seems to be left unsaid.

I'm aware of creating a calm, uncluttered space – 'horrific' I certainly don't agree with – 'detached', well sometimes I worry that I've copped out from taking everything on because I can only extract a tiny percentage of an enormous wealth of information from any given situation. Obviously when you enter the restricted areas of medical institutions there's an overwhelming barrage of information and potential avenues to explore. I go in there and subject myself to the barrage, involving many long conversations, reading and often following up things that weren't initially obvious. Sometimes the essence of what I'm after only becomes clear over a long period of time.

Do you worry that the things you extract are compelling to the non-medical practitioner and that these might be aesthetic trophies? The project is a Trojan horse and the exhibitions you make comprise of trophies – reclassified ownership – which now appear entirely outside of their original context?

Ultimately I am an artist making an artwork. This means that information I use might be opening a door... that an insight is provided because I have access to things, and talk to people that the public don't and that is important. But equally important is that the artwork doesn't end up being just a reproduction of that experience, not just information or the recreation of a scientific process. It gets, and this is a complicated thing to discuss, whatever extra thing it gets from being an artwork, it accrues something else, a new currency. Because what I do is ultimately visual it's difficult to avoid the 'trophy'-like quality unless I were to take a real documentary approach. The discursive arena of the issues which are part of my work is a really busy one, it's often in some kind of turmoil and is potentially very emotive. Anything involving genetics and medicine/discoveries or their related scandals and sensations, tends to be close to people's hearts, whether personally or because it's a public health issue. These arenas get so heated there's no space for any kind of contemplation. The use of a minimalist aesthetic as a presentational mode is deliberate. It starts as something reductive because that's what science does to information and then I

take on the riches in my conversations with researchers and practitioners in that dialogue. Then I distil (and yes) often end up reducing them again on the way to making a piece of work.

In *From Life* (Glasgow), 1994, the story of the osteologist opening a polythene bag filled with human samples and the judgement of the olfactory experience, which is 'Kelmanesque' in its horrific experiential nature, resembles the narratives that people in these professions might tell each other. ('The first task of the osteologist when dealing with bones passed to her by the police for basic identification – of age, gender, height and ethnic group – is to determine whether the sample is old enough to be classified as 'archaeological'. Her initial test, which has never yet failed to be proven by the later findings, is to stick her nose into the polythene bag and sniff.' (Christine Borland: *From Life*, Tramway, Glasgow 1994, p. 38.) I remember my friend's orthodontist father describing that during his student days he was unable to touch food the day of his first dissection lesson as he imagined he had human fat under his fingernails. Your art makes a space for these kinds of stories and bring the experience of medical practitioners into the realm of other experience. This acts to reconcile methodological indifference towards the amazing and captivating narratives in medical treatment.

This has been a very rich territory for me, I have used this access to narratives, not pejoratively, but with consent and permission. It's a real privilege to hear those stories.

In relation to the actual works, I think you 'hesitate' when you use some materials.

*From Life* (Glasgow) was the ultimate expression of this. By purchasing a skeleton I put myself in a situation where I couldn't make removed, implicit criticisms. I was totally complicit, having paid money to obtain a specimen that was going to become a subject not of medical research but of my work. While making the early piece *Supported*, 1990, at the Third Eye Centre, Glasgow and going to anatomy departments to borrow a skeleton for use towards it, I only imagined I would use a plastic model but was given a leaflet from an osteological supplier in which it was apparent that a real skeleton could readily be purchased. It took from 1990–1994 to deal with that knowledge in a piece of work and take on the enormity of it. I had gone through all sorts of processes during those four years – working with ballistics experts and forensic scientists and getting interested in the recreation of an object or incident from a trace, in situations where the tiniest fragment could be built into a picture, a scenario, or an exhibition. Even when I decided to buy the real bones I still didn't know what the eventual exhibition would look like because it depended upon the people, the processes, and the stories. Crucially in that four years I was also getting more... courageous.

It's not such a detached project after all. This notion of being courageous in an exhibition and its relation to the material starting point, does it reflect anxieties about its content?

Oh definitely. I suppose I want to try to do everything. I want to be objective, and to include the human story, well the short answer is: yes!

Is such a reconfiguration of the dead, in works such as *From Life* (Glasgow) unethical?

Obviously I don't think so, no. It's hard to give a very generalised answer which covers all the works. If you're talking about English Family China, 1998, for example it's important to me that its painted bone china skulls are casts of plastic teaching models, based on someone who has been selected to represent a 'normal' example of a skull – although people might make other assumptions about their provenance.

I wouldn't actually take a real human skull to decorate, I just wouldn't, although it was necessary to use a real skeleton in From Life (Glasgow). It's hard to explain those reasons because the fine lines are based on my own ethical code which, although it's invented, is very important to me.

And in From Life (Glasgow) the female, with 'at least one advanced pregnancy', remains anonymous, only her visual appearance is recreated but we don't know the biographical details.

Well, you don't have to go very far before you realise that the circumstances, the story, is going to be extremely sad, tragic, horrible, horrifying. It was unnecessary to take any further steps towards tracing identity.

Let's talk about the attraction of the dead. I was thinking about when we look at ultrasound images of our unborn children...

I thought you just started asking about 'the dead'!

I'm coming to that – the technological insights into an imagined future that ultrasound scans give us are a marriage of biological and psychological revelations (although the surveying glance of the medic differs from the parent's and mother). In a curious way your works The Dead Teach the Living and in particular L'Homme Double include the best example I can imagine of this process in an imaginary reversal, revealing the dead to the living. You've deployed what might now be regarded as craft-based sculptural processes to create images of the dead to the living, and ultrasound, which is a strange, quirky and somewhat old technology now.

Ultrasound was infamously developed in the shipbuilding industry and that's why Glasgow is at the forefront of ultrasound technology. Ian Donald, who developed it for prenatal screening, was aware of its use to detect flaws and he worked with engineers in the shipyards in its development. As for the actual quality, its only now we have much more advanced three-dimensional ultrasound that you can actually see a 'picture' of the baby. When I had my first child you still had to look quite hard, you were not looking at a 'portrait', it's almost like looking at a semi-abstract picture and you are investing in another sense, as it's your first glimpse of your unborn child.

A sense of 'investment' takes place in a number of your works, for example the recreated depiction of Josef Mengele in L'Homme Double. You asked sculptors to create a bust of Mengele, by providing a hazy photographic image to form a likeness. This involved an objective and also an imaginary attempt to remake the likeness of this monster. The strange

comparison I'm making is the revelation of the person not yet born but revealed in ultrasound, and the revelation in three dimensions of the now dead.

The ultrasound process also creates a physical manifestation, something you can keep, the ultrasound scan creates a token depiction, a memento mori but for the living... if only I could work out the Latin. Despite this the ultrasound scan is not only a 'feel-good' technology, it's also linked with heartache and tragedy. You can't help but think you're going to get a picture of your baby, but actually what you're doing is going through a detailed scan for potentially very serious abnormalities. While there are not as many bad outcomes as feel-good outcomes, there is a double-sided nature to that visualisation. Before the technology existed, as Dr Malcolm Nicholson wrote, 'the uterus was a black box'. (Progressive Disorder, Bookworks/Dundee Contemporary Arts, Dundee 2001, includes a text on the general development of ultrasound in obstetrics – and its destructive implications for inter-uterine life – in which Dr Malcolm Nicholson, Glasgow University, The Wellcome Unit of the History of Medicine wrote: 'prior to the development of ultrasound the contexts of the womb in pregnancy were more shrouded in mystery than the dark side of the moon (...) the uterus was a black box'.)

Earlier this year via e-mail you summarily categorised the possible layout of works for your forthcoming exhibition at The Fruitmarket Gallery as 'the creepy work downstairs (skeletons and spiders) and the cheery ones upstairs'. Some years ago Jonathan Jones simplified all your work as 'Heroes and Villains' while calling you 'the good detective'. Others have mentioned your own previous use of the categories such as 'Anatomy; Monsters; Genetics; Traces; Self-Defence.'

They weren't supposed to be used as literal descriptors – I do fantasise that I could invent or uncover some archaic classification system that I could apply perfectly to my work which would avoid the over-simplistic pitfalls.

But you use categories?

I really enjoy classification – I think that's obvious in the work, and using categories does help as a way to simplify, to begin thinking or talking about things but ultimately I would then spend more time talking about movement between categories and how they don't work for me.

You rarely make a conscious allusion to the exhibition space, it is not such an overt characteristic of your work, and you don't subordinate your work to the space. But is it possible when you use such categories that you're mapping onto the galleries the research processes through which you've worked?

I would never start off by thinking about categories or anything like that with works in a physical space, instead I would start the journey through a space by considering the physical nature of the artworks themselves. These things only arise when there are a different series of criteria, where I feel I must impose an order – to simplify for a writer for example. Complex connections between the physical aspects of the pieces is something I'm much more interested in playing with rather than any kind of false separation. When I get into

that there is a real sense of relief because it's clearly the works themselves which are important in the end and that's what will be encountered by the majority of viewers – not a hand-out, a wall label, a review, or even an interview in a catalogue!

There is a danger in summarising your working processes inadvertently to suggest that your work follows pre-determined lines of enquiry. Unexpected directions often open out. I'm thinking here of the photograph *Girl Grasping Eel*, 1997.

I've talked about that piece in terms of 'comparative anatomy' because people have put me on the spot, or why eels are interesting in evolutionary terms but that's not why I made the work. I knew at the time that it was a striking image but not a great deal more.

Would you say that the irrational side of your art is used to extend the available meanings within an empiricist, scientific source material of your work?

Being in a scientific or medical situation you just always remind yourself that you are an artist in that situation and, without meaning to sound callous, that you take what you need and you stop wherever it suits you. Often I stop at places which are irrational.

Do you ever end up in a space that's just too outlandish? In the Montpellier project, *Cet être-là, c'est à toi de le créer! Vous devez la créer!*, 1997, some of the images from a local Anatomy Museum would be so bizarre if they were not blurred, their subjects being so incredibly horrible.

The requirements of the exhibition depended upon a straightforward request for access to this renowned University Anatomy Museum, but eventually access was only granted to include many prohibitions. This resulted in a 'one-off' process which I haven't repeated – making work in a clandestine fashion, moving around the Anatomy Museum with a spy camera and with hidden drawings. It was a response to a difficult situation which I felt warranted that kind of action. The Anatomy Museum was deliberately closing down the opportunity for people to look at the exhibits and make their own decisions – as well as the usual 'access by special request only' there was also a semi-permanent sign saying 'closed for emergency repairs' (when there were no repairs). I was eventually granted access after various appeals to the Dean, going above the Museum Director, but it was on the strict proviso that it was to do 'Anatomical Drawings'. I traced some generic dissections from Gray's Anatomy and entered with an impressive array of pencils and paper. The person assigned to me to watch I wasn't doing anything wrong – obviously she hadn't been concentrating – came to the exhibition opening and stormed out in a state of complete shock. The curator (and regional director of the FRAC) who had commissioned the work, Ami Barak, knew he would be held responsible, but I was confident that he could speak for me, when he was 'summoned' and had to explain himself. They went through the issues, agreed that I was trying to work with something that had been 'stolen' originally, taken without consent and misappropriated then stolen back by my work.

It is amazing this hasn't happened more often, given you present normally inaccessible facilities in a different light to how they might imagine themselves.

On the contrary, most often the situations that have worked out best, with best access revolve around good personal relationships. These only develop with me putting in the hours in advance of making the work. It has also happened in situations where people have done the leg-work for me. The Dead Teach the Living was a good example where the Münster Skulpture Project made appropriate connections in response to me asking questions in relation to the history of Germany. The University had a resident researcher giving me as much help as possible looking at the role of the Anatomy Department during the war – they enthusiastically contributed to the Nazi 'Rassenhygiene' policy. In contrast with Montpellier, they were very openly exploring the implications of their history, whereas you'd think they'd have much more to hide or be worried about.

How does contact begin? Do you write a formal letter explaining you're an artist and specifying an outcome?

It's different in all the different cases, quite often it begins with a cold letter, to a Head of Department for example. Often someone will spring to their mind who would be willing to deal with an artist, by implication often a slightly maverick character within their organisation, who may have an interest in art. It's changing now that I have catalogues of previous exhibitions, and I can use 'Turner prize nominated' – it becomes your middle name! Back with From Life at Tramway in Glasgow, letters were ignored and ignored, until I would go and ring a bell – although that worked out perfectly as well. And I'm not going with a concrete request stating what will be the outcome, it's a very general request, which is really saying 'I want to hang out with you' for a week, or a period of time, or 'I'm interested vaguely in this aspect of what you do.' I am increasingly interested in the reciprocity of this situation, to investigate what it is these people think they are getting back from me.

You don't think the possibility for art to arise out of situations where it wouldn't normally is enough?

Well, it has been enough, obviously but it's interesting to unpick the complexities of that. People have been incredibly generous with their time. When you're talking about say, genetics, to an artist who doesn't have any medical or scientific knowledge really, it's quite difficult, a commitment. I think they're possibly pleased when someone comes from out with their discipline, looking at what they do or say with new eyes.

And perhaps the act of explaining a thing to the visual art outsider reveals visual aspects to themselves, aspects that may have seemed previously unremarkable or simply by-products. In these circumstances you see them and their effects, rather than measure the effect. When you reach a point where it becomes clear how this investigation might become an object or an installation do your artistic concerns enter into the dialogue?

Sometimes, but it would never be that immediate. Usually I'm in a listening role and asking basic questions. The work HeLa, Hot was the result of a conversation about cell lines. I asked a basic question about how and where they source the cells and whose they were originally. They wouldn't think to comment on this normally and it would never have occurred to me to think 'HeLa' was an abbreviation of a person's name, Henrietta Lacks.

Lacks was an African American who had died age 31 from a cancerous tumour, and as cancerous cells are virulent and multiply they are useful for cultures. Usually decisions on which aspect to focus on involve many follow-up visits. I would return with more specific questions often after I come up with the idea for the artwork, also to double-check the use of information or to ask their opinion.

Would you like your work to be seen as truly embedded within the disciplines you have worked as much as it is part of art?

Ah, but how would I know? Actually, it was cited by medical educators in the British Medical Journal. (John Quin, The Spark of Life: Christine Borland in 'BMJ' 2001; 322:1069, 28 April. 'No, no, no, a little more humanity please... the message to be gleaned from Christine Borland's sparkling new show'.) In addition, the BMJ has a quarterly ethics issue and texts have been published in relation to the Henrietta Lacks works.

That partly answers the point about 'reciprocity'. Have you ever been present as a bystander when there's interaction between these different disciplines and the public?

I've thought about it and there have been situations where it could have been possible but... no, I've drawn back from it, part of the self-imposed ethical code maybe. Ultimately with a family who have to attend genetics units, there's a lot that you don't need to say, it's obvious what kind of situation they are in and the last thing they need is me at that point. It can be different further down the line – the Muscular Dystrophy Association asked me to make a piece for their magazine but even then I made something with a historical reference.

The process of developing the project undertaken with Dundee Contemporary Arts – the book *Progressive Disorder* and its preceding exhibition – broke down the isolation of considering the issues from the confines either of the lab or from an intellectual level. I spent a lot of the research time at the Medical Research Council in discussion with epidemiologists, dealing with data – 'population genetics' – and experts on the directorate who were on ethics committees like the Nuffield Council advisory board to the government on ethics. Then I would be in the Wellcome Trust Building in Dundee with scientists who had never met a person with a condition for which they are spending their lives working towards a potential 'cure', looking at the microcosm of a cell. In both of these situations there was a problematic removal from the reality, but this was balanced by talking to someone who dealt with families affected by conditions like Muscular Dystrophy, which provide a more circular and complete way to consider the issues.

You were the continuity, the core of the narrative, 'the good detective', revealing different social and informational strata in a secretive world.

Playing detective, I've actively sought that role. I don't know why these things are important, but I want to have access to these things, to share them so we can find out. I suppose the occasion of getting my own sample, in *Alpha Foetal Protein Test, Cold*, is another example of work springing from a dialogue in someone's workplace. The AFP test routinely offered to pregnant women provides a statistical likelihood of the unborn foetus developing Down's Syndrome or Spina Bifida. A geneticist who screens the tests made an offhand reference to

their sample fridges, and I asked, 'exactly what were they?' They contained all the AFP test samples from the West of Scotland and my own sample was still in cold storage. They might never have thought it would be of interest or of relevance, by then I had tested the parameters already, how far I could go was built on my relationships with these people. What happened to me was nothing out of the ordinary. Just giving a routine sample when I was pregnant but never being told that it would be retained (the normal tests may be used as controls). I feel as if that is a big deal and that we should be informed of such eventualities. I don't understand what is gained from not sharing that information, although I'm aware that many people couldn't care less.

Although I'm referring directly to medical instructions in this case, I'd like to suggest that every aspect of public life has its secrets and bearing that in mind we should tread warily and ask a lot of questions.