

The Organ Historical Society
Guidelines for Conservation

I. Preamble

Pipe organs that have been attributed with extraordinary aesthetic, artistic, documentary, historic, scientific, or social significance are a cultural inheritance to be passed on to future generations. Regardless of their age, it is the nature of such instruments to be both historic and artistic. Each part of this dual nature places conditions on our right to enjoy the heritage, and our obligation to preserve it for the future.

Historic organs are an invaluable, endangered, easily damaged, and non-renewable cultural resource. Faced with unprecedented threats from building redundancies, electronic substitutes, improper restoration, transient musical fashion, and severe funding shortfalls, organs are threatened as never before. Even with prospects for restoration come other potential threats to the historical essence and content of organs. These guidelines recommend a preservation-minded approach to restoration that saves not only utilitarian and aesthetic qualities, but also the historical narrative encoded within an organ's physical substance.

Forming the basis for these guidelines are principles articulated in several broadly accepted international charters for historic preservation. The Guidelines are provided for use by restorers, owners, restoration advisors, and all with responsibility for the stewardship of historic organs. The document should be considered in its entirety, as many of the articles are interdependent.

II. Definitions

A. Conservation

All actions intended to preserve cultural property for the future. Conservation activities include examination, documentation, treatment, and preventive care.

1. Examination

The investigation of the structure, materials, relevant history and condition of organs, including the extent and causes of deterioration, alteration, and loss.

2. Documentation (See also section III.C below)

The recording in a permanent format of information derived from conservation activities. Documentation records condition before and after treatment, treatment proposals, treatment reports (changes to the organ due to conservation activities, along with the justification for those changes), recommendations for subsequent care, and relevant correspondence. Records also include information revealed during examination, or other conservation activities that assist in the understanding of the organ.

3. Treatment

All interventions carried out on the organ with the aim of retarding further deterioration or aiding restoration. Treatment may take one or more forms including stabilization, maintenance, restoration, and reconstruction:

a) Stabilization

Interventions intended to slow deterioration.

b) Maintenance

Regular procedures required to sustain preservation and appropriate use, such as tuning, regulating, lubricating, or replacing air filters.

c) Restoration

All direct actions intended to return an organ to a known or assumed past state. The aim of restoration is to reveal lost physical and aesthetic qualities, and is based on respect for the remaining historical evidence, and on clear indications of an earlier state.

d) Reconstruction

Reconstruction serves to depict vanished or non-surviving portions of an organ. Reconstruction may be undertaken when documentary and physical evidence survive and conjecture is minimal. To avoid a false sense of history, conjectural reconstruction should be avoided whenever possible. If conjecture becomes necessary, measures should be taken to avoid deception about the origins of the reconstructed components.

4. Preventive Conservation

All actions taken to slow deterioration by controlling the agents of decay. Preventive activities include control of environmental conditions, pest management, control of access, and other risk management.

B. Cultural Significance

Organs are worthy of preservation in both form and substance when they have been judged to have musical, artistic, historic, or social significance. The degree of preservation-worthiness is determined through informed and careful judgment, usually based upon examination, archival research, comparative studies, and through consultation with relevant experts and stakeholders. All forms of significance may also be represented by the term *historic*.

C. Preservation

The protection of organs through activities that prevent damage or loss of informational content and retard deterioration. The primary goal of preservation is to prolong the existence of organs as long as possible in an unchanging state. Preservation involves management of the environment and of the conditions of use, and may in-

clude treatment in order to maintain an organ, as nearly as possible, in stable condition.

D. Alteration

All changes to an organ's substance wrought by intervention are alterations. Alterations are of two types: interventions that deviate from the organ's original form, and those intended to restore it to a past state. Both types of interventions potentially affect the content and clarity of evidence in the organ. Conservation procedures provide protection of historical integrity through safeguards detailed in the following Articles.

III. Articles

A. Alterations

1. Validity of Alterations

Past alterations bear witness to their own time, and may be valid and worthy of preservation in some instances. Any removal of past alterations requires careful judgment as to the relative significance of the altered and original states. Return to a state of complete stylistic unity sacrifices the evolved state and the associated evidence of subsequent history, and is appropriate only when the removed materials are of little interest and the restored state is sufficient to justify the action.

2. New Alterations

Interventions should not modify the known aesthetic and physical characteristics of the organ, especially by removing or obscuring historic material or through non-essential re-voicing. Enlargements or modernizations should be strongly avoided whenever possible. When the removal of historic materials is unavoidable, the affected components should first be documented in their pre-restoration state. Whenever possible, material removed from an instrument should be retained as part of the organ's historical narrative.

3. Preserving Historic Context

Organs that have escaped relocation bear witness to the history of that place, and should be removed from their historic setting only when relocation is beneficial or necessary for their preservation.

B. Treatment

1. Treatment Planning

The conservation needs of historic organs should be based on adequate study of archival sources, detailed physical examinations, and collaboration with stakeholders and experts with applicable experience. Treatment proposals detailing interventions, however tentative they must be, facilitate collaboration and are appropriate means of communicating with all parties.

2. Minimum Intervention

- Intervention potentially risks erosion or loss of historical evidence. Therefore, the most appropriate action in a particular case is one which attains the desired goal with the least intervention; treatments should change as much as necessary, but as little as possible.
- Signs of age are evidence of historic use and testimony of the organ's passage through time. They should be retained whenever possible. It is often sufficient, for example, to spot-treat the most distracting scars to avoid wholesale re-finishing.
- While interventions should be minimized, they should not stop short of making the instrument durable enough to fulfill its function for a reasonable interval before the next restoration.
- Whenever possible, treatments should be localized and targeted to the specific problem. Unnecessarily thorough restoration threatens historical evidence and should be avoided.
- In the extraordinary event that material evidence is so rare and important that any loss cannot be tolerated, non-intervention may best serve to promote preservation of the historic organ. In such cases, a reproduction may serve musical needs without affecting the original.

3. Reversibility

All restoration involves subjective interpretation, and submits to future re-evaluation. Whether literally possible or not, reversibility remains a useful, albeit idealized goal in all treatment. Whenever possible, treatments should be additive rather than subtractive, adding to an incomplete component, for example, rather than replacing it entirely.

4. Making Interventions Detectable

Restoration and reconstruction may imitate period work, but it is imperative that all interventions be detectable on close inspection, as well as through treatment documentation. Deceptive imitation falsifies the historic organ as an authoritative record of period construction.

5. Correcting Historical Work

Although historical design, materials, or workmanship may sometimes fail the current restorer's standards of quality, they nevertheless give authoritative testimony of past makers' knowledge, skill, or judgment, and deserve respect as historical evidence. Every effort should be made to retain such work whenever possible.

6. Conservation Methods and Materials

Traditional methods and materials are preferred except when non-traditional alternatives better serve preservation goals (example: reversibility), without adversely affecting appearance or function. The advantages of treatment materials and methods must be balanced against their potential adverse effects on future examination, scientific investigation, treatment, and function. Materials newly derived from endangered species should not be used in treatment.

7. Recycling Historic Components

Combining components from multiple historic organs potentially creates a falsification that can mislead future forensic examination. Even when the components are made by the same maker in the same period, it is imperative that the transplanted parts be clearly labeled and their true origins documented.

8. Removed Materials

Components and fragments that must be removed should be labeled and given archival storage whenever possible to preserve historic evidence. Storage inside the organ itself may be appropriate when space is sufficient and there are no adverse effects on the organ.

9. Collaboration

As artifacts, organs are unusually complex and diverse in materials and design; no individual can be expert in every aspect of their conservation. It is therefore generally desirable that treatment planning involve collaboration with colleagues and allied professionals having potential to contribute. Interdisciplinary collaboration, the use of independent advisors and consultants, or reliance on a balanced conservation advisory committee also provides appropriate checks and balances to safeguard against conflicts of interest.

C. Documentation

Documentation exists in two types: *Description* and *Conservation*. Although both are highly important in the overall preservation of organs, conservation documentation is the first obligation in all interventions. Any substantial campaign of conservation should also include full descriptive documentation.

1. Descriptive Documentation

This form of recording creates a picture of an organ that may be superficial, or when sufficiently detailed, could guide the complete reproduction of the instrument. Such documentation typically informs comparative studies, future restorations of similar instruments, or the design of new organs. In the event of catastrophic loss of an organ, descriptive documentation constitutes a form of

virtual preservation, and is therefore particularly important for the rarest instruments. Descriptive documentation consists of layout, measurements, materials identification, technical specifications, markings, decoration, and other construction and tonal details. Most descriptive documentation can be recorded independent of restorative conservation, although some details are only revealed during disassembly.

2. Conservation Documentation

Inasmuch as culturally significant organs bear physical evidence of their origins and subsequent history, restoration necessarily overlays present interpretations and workmanship upon the historical record itself. It is therefore incumbent on restorers to preserve an organ's informational integrity by recording in writing and through photographs the extent, location, and nature of interventions. Conservation documentation is typically generated in three phases.

a. Examination (or Condition) Report

This is an assessment of condition on a section by section, component by component level. Some descriptive data are also germane to the extent that they shed light on treatment strategies. Examination reports identify and diagnose condition issues, including the materials involved, and the location and extent of deterioration, past alterations, and loss.

b. Treatment Proposal

The treatment proposal details the objectives of the treatment and the measures proposed for each condition issue, specifying the affected component, and any conservation materials that are to be used. The proposal may be based upon, and structured like the examination report. When appropriate, multiple treatment alternatives may be provided. The primary use of the proposal is to facilitate planning and communication between practitioners, owners, advisors, and other collaborators. The treatment proposal must always be subject to change, as new information is likely to emerge during the treatment phase.

c. Treatment Report

The restorer should keep detailed records of the treatments applied during the intervention. Such documentation permits future investigators to identify the specific restorative alterations that were made, the areas affected, and the materials added or removed. Usually based upon the treatment proposal, a treatment report records all details of the actual treatment, some of which will not have been possible to predict in the proposal. It also includes condition issues revealed during the course of treatment and not represented

in the proposal. Any descriptive documentation revealed during disassembly should also be recorded. The treatment report should include preventive conservation recommendations, such as maintenance procedures, recommended environmental conditions, and special handling considerations.

3. Preservation of Documentation

Conservation documentation is an invaluable part of the history of the historic organ and should be produced and maintained in as permanent a manner as is practical. Paper documentation is recommended, as short-lived electronic-based media cannot be considered archival.

4. Distribution of Documentation

Copies of examination and treatment records should be given to the owner or authorized agent, who should be advised of the importance of these materials. When access does not contravene agreements regarding confidentiality, strongly consider insuring preservation of the documents by submitting copies to the American Organ Archives. If possible, store another copy of the document, or a summary in small type if necessary, inside the organ itself.

5. Judgment in Documentation

Careful judgment is required in deciding the thoroughness of documentation, but under no circumstances should practitioners fail to record interventions. Owners may require instruction in the importance of conservation documentation and the need to provide for its costs.

Adopted by the OHS National Council on July 12, 2008. Guidelines Revision Committee: Joseph Dzeda, Sebastian Glück, Scot Huntington (Co-Chair), Laurence Libin (*ex officio*), Jonathan Ortloff, Bruce Shull, Nicholas Thompson-Allen, John Watson (Co-Chair), and Jeff Weiler.