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MEDICINA NEI SECOLI ARTE E SCIENZA, 8 (1996) 403-409
Journal of History of Medicine

Articoli/*Articles*

CURRENT HISTORIOGRAPHY OF MEDICINE. LIBRARY SECTIONS AND MUSEUMS

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SUMMARY

Medical discoveries and increasing number of specialities have restricted space of interests in humanities in the last decades. The European Union in order to ensure a general standard for personnel exchange has issued instructions about the objectives of medical curricula.
Now researches of the humanities are very actively involved and interaction of history of medicine with allied sciences appears to be an essential requirement for the linkage for the medical profession.

The last decades have seen a strong decrease in the number of physicians dedicated to the study of the history of medicine. And prospects seem to be discouraging:

> *There is reason to surmise that the next few decades will witness a reduction in the number of [American] physicians who will contribute to the history of medicine, either as writers or as teachers ... Future physician teachers of medical history may have to be sought in Europe or elsewhere*[1].

In the XIXth century a physician was frequently also devoted to humanities. Both undergraduate and postgraduate medical curricula have now been filled with a progressively increasing

Key words: Historiography of Medicine - Library - Museum

number of specialties, and restricted space is left for subjects that allow the development of interests in humanities. Studies related both to the roots of medicine and developing medical and scientific ideas appear to be needed, as recently suggested by the World Federation for Medical Education:

> *Scientific research continues to bring rich rewards; but man needs more than science alone, and it is the health of the human race as a whole, and of the whole person, that medical educators must affirm*[2].

The reason is not probably due to effective disappearance of interest but mostly to focalised studies on the emerging novel medical discoveries.

Moreover, the increasing implementation of new technologies to medicine has amplified the requirements of a training in human sciences in the curriculum for the medical degree. In many countries the teaching of medical humanities (i.e. history of medicine, medical sociology and bioethics) is mandatory and the debate about the origin, development and tendencies of medical thought is part of the physician's formation.

With the curriculum reforms of the earlier XIX century (between 1816 and 1824, year of the issue the Bolla Pontificia *Quod Divina Sapientia*) classics and humanities were in fact omitted from medical studies. Pathological anatomy, experimental medicine (e.g. general pathology), hygiene, etc., became then the foundation of the modern medical curriculum[3].

The European Union, in order to ensure a general standard for personnel exchange, has issued instructions about the objectives of medical curricula. As far as medicine is concerned, instruction No. 75/363 issued June 16, 1975, stated that part of the curriculum should be devoted to an understanding of the foundations of medicine with a view to producing a physician well integrated with technology, but, like a craftman, a master of medical arts (i.e. *techne* of classical medicine).

We may ask which are the areas of history of medicine and related fields, in which evolution is possible and which fields should be developed by historians of medicine in the world under the pressure of the changes induced by technology.
Roughly, we may divide modern history of medicine in several periods, according to the principal aim of each:

i. XVIII-XIXth centuries: collection and revision of ancient and medieval manuscripts; treatises of medical history;

ii. first half of XXth century: comparative analysis of relevant medical historical findings with social events; social history of medicine;

iii. second half of XXth century: comparative analysis of medical historical findings by using newly available methods (molecular biology, PC statistics, on-line search of reports and documents, data banks of bibliography, original texts, etc.) and integration of historiography with old and newly developed fields (i.e. paleography, philology, paleopathology, bioethics, etc.). A comparison with allied sciences (e.g., history of ideas, history of science, psychohistory, etc.) is also performed.

Specific research methods correspond to each of these periods. Paleography and philology (as well as archaeology) characterize the first phase of reconstruction of classical texts (e.g. critical editions of the Corpus Hippocraticum or Greek-Roman writings). Sociology seems to be the main leitmotiv in comparative methods, for those that believe medicine mainly related to social events, leading to a shift from history of medicine towards history of health and/or health-related institutions[4].

The Commission of the European Union for medical studies has supported, in recent years, the renewal of several National medical curricula and history of medicine and related sciences, e.g. bioethics, have been included.

This new situation is attractive for new energies in research: it is conceivable that historians will devote attention to medicine and medical thought as well as to disease and health a social phenomena[5]. On the other hand, students at the medical school may be interested in medical history as part of the official curriculum or complement of their cognitive needs.

An integrated view

There is a feeling that the current historical preparation of physicians for this field of research is quite inadequate. The

majority of Junior and High school programs have lost qualified study of classics (e.g. Latin, Greek and philosophy). In these conditions it is very difficult to conduct paleographic or philological research, according to the teaching of great historians of medicine, such as Emile Littré and Charles Daremberg in the XIXth century or Ludwig Edelstein and Mirko D. Grmek in this century. On the other hand, new fields have been opened by the important issues of medicine: bioethics, economy, social distribution of resources, new technologies. Researchers of the humanities are now very actively involved and interaction of history of medicine with allied sciences (e.g. philosophy of law, moral philosophy, history of science, etc.) appears to be an essential requirement for the linkage with the medical profession. According to this view, databanks are connected on-line, also via Internet, with the National Library of Medicine, Bethesda, Md., USA: Med-line (general), Hist-line (history of medicine), Bioethics-line (bioethics) and ready to use by both researchers and students. Data are collected as Authors, Biographies (collective, individual, chronological and geographical), subjects (i.e. Anatomy, Biology, Endocrinology, etc.), diseases (following standard disease terms: abdominal, abnormalities, abscess, adrenal gland, alcoholism, allergy, etc.). A cross-search may be performed between two terms (from either the same or a different list, i.e. between two diseases or an Author and a disease) and related to a specific period of time.

As far as history of medicine is concerned, bibliography is selected also by other systems: Morton's Medical Bibliography (Scolar Press-University Press, Cambridge, UK), ABC-Clio (Santa Barbara, Cal., USA), Current Works of History of Medicine (Wellcome Institute of History of Medicine), which quote original editions, philological editions, the first observation of a historical fact and papers on peer-reviewed journals of the history of medicine.

One of the problems is the storage of data about ancient and old printed books (pre-1801 books), for which the Med-line system is not fully adequate because there is not a record of both the origin and the history of the book (e.g. the libraries in the various property passages).

For this purpose one of the systems utilized to collect this kind of information such as the ISBN (International Standard Book Number) should be integrated with the Med-line system by using new *windows-programs* and specific fields.

The library of History of Medicine at the University of Rome: an example for research

The History of Medicine library at the University of Rome (65,000 books) owns an important collection of European medical books from the sixteenth to the nineteenth centuries. All of the most relevant Authors are present (i.e. Hippocrates, Galen, Avicenna, Redi, Morgagni, Ramazzini, Boerhaave, Haller, Sydenham, Bernard, Charcot, Magendie, etc.), together with a wide selection of minor Authors (some of these are very rare copies). A collection of writings on medical events (i.e. the malaria at the end of nineteenth century) is also present.

The contribution of a library for a speciality should first consider the timing of sources: for example, in reorganizing and reclassifying a collection a date should be chosen (i.e. pre- post-1920), considering the pre-period that of sources, the post-period that of comments and historiography.

As suggested by the Chief of History of Medicine Division, National Library of Medicine at NIH, Bethesda, the Library is being reorganized with the following criteria:

1. sources and critical editions
1.1 manuscripts and rare books (separate rooms and storage)
1.2 critical editions
1.3 sources before 1920
1.4 sources after 1920

2. history of medicine and biographies
2.1 general history of medicine
2.2 specific history of medicine (period, country, etc.)
2.3 collective biographies
2.4 individual biographies

3. subjects, according to the list index by the Section of History of Medicine of the National Library of Medicine, NIH (first key: subject; second key: disease).

4. special sections may be selected by subject (i.e. sources about history of malaria).

Authors should be identified only by computerized procedures.

A record of the 680 ancient books is now in progress. This is being done by computer recording of the first page picture (colour) and collecting all data about Author(s), title, press, city, year, missing pages or plates, etc.. A general catalog should be computerized using an international standard (i.e. Histline, NLM, NIH).

The Museum of History of Medicine

In the same building of the Section of History of Medicine and Library, there is the Museum of History of Medicine[4] which should be seen in an integrated view for didactic purposes, and as sources of special documents (coins, anatomical votives, etc.) and subjects (i.e. representations of periods, instruments which have been crucial in a passage of the history of medicine). It should be absolutely avoided that the Museum becomes a storage room of outdated instruments!

In the Museum of the University of Rome there is a large collection of anatomical votives and of pharmacy pottery a lot of which belong to Mr. Evan Gorga[6] fund. The reorganization of the Museum is being undertaken *to show and explain* how the different periods in the history of medicine can be seen as the history of relationships between disease and man, physicians' diseases and the sick and medical and health organization. The Museum is being devoted more to the history of ideas, than to the mere anecdotic. The first room which has been completely reorganized is the room for the exposition of drug-potteries[7], which has been organized in order to show how the exhibits correlate with medical historical research. For example, the various sections enclude jars for teriaca, water and syrups, for each of

which a specific subsection in the library corresponds (either subject, or special section).

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4. PAZZINI A., *Il Museo.* Istituto di Storia della Medicina dell'Università di Roma. 1958, Roma, p.6. This Museum was founded in 1938 by Prof. Adalberto Pazzini and organized as a documentation and didactic centre. The exhibits follow a chronological criteria and within this, there are subject subdivisions so that, as Pazzini explains in one of his manuscripts: *Esso è suddiviso in otto capitoli quante sono le sezioni di cui si compone, e nelle quali le vetrine, monotematiche, rappresentano i paragrafi. Gli oggetti esposti testimoniano invece delle parole scritte, il progressivo sviluppo delle idee.*
5. FEE E., MORMAN E.T., *Doing History, Making Revolution: the Aspirations of Henry E. Sigerist and George Rosen.* Doctors, Politics and Society: Historical Essay. Clio Medica 1993; 23:275-285.
6. Gennaro Evangelista Gorga, Opera singer and enthusiastic collectionist of musical instruments, and anything else that struck his curiosity.
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7. There are 500 containers which belonged to old pharmacies and which were forged by various Italian factories between XVII-XIX centuries. All of the various shapes and forms of containers for pharmacological preparations are represented: *Boccali, Idrie, Bocce, Brocche, Fiasche* which were ideal for liquid preparations; *Albarelli, Elettuari, Unguentari, Vasi* which were used for denser liquids and Pillolari which were for solids. Porcellan was used for some containers but for the most part clay was adopted. The clay was made water proof with either a tin glaze (*maiolica*) or a lead glaze (*ceramica*). Particularly precious are the vases which come from the craftsmen of Caltagirone and Savona and there which still conserve traces of gloss (*lustro*).
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