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Kinaesthetic Dilemma and History of Medicine Teaching

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ABSTRACT

Kinaesthetic Dilemma

What percentage deterioration of the objects of our medical-historical teaching are we willing to tolerate? This question seems to conflict with our ideas, conceptions, and way of working as historians, museologists, conservators, and teachers. Some sources are more exposed to the risks of manipulation, but often they are the most used in our History of Medicine courses. How should the deterioration be judged by us? A damage or a testimony? None of us thinks that sources should be spoiled or destroyed, or that the necessary precautions should not be taken to minimise the possible effects of use and consumption. Moreover, the opportunity to make students interact with the sources also has the pedagogical utility of instructing them on the caution and prudence to adopt in the use of those same sources, precious testimonies of the past. We are amid the kinaesthetic dilemma that affects the History of Medicine teaching.

Keywords: History of medicine teaching - Historical sources

This contribution could be summarised in a long series of questions, which we will propose to the thought of colleagues, as they are engaged in teaching History of Medicine.

However, a premise seems useful, since the themes of communication, sensory experience and memory will also be touched upon.

In the present time, in which theories of doubtful validity, such as neuro-linguistic programming, are so widespread, a reference to some Renaissance experiences may help us in the discussion.

The first reference is to the figure of Giulio Camillo Delminio (ca. 1480-1544)¹ and his *Memory Theater*: we are not interested in the mnemotechnics, but in the sensory experience he proposed².

In a perspective of sensory integration, it is not our intention to deal with the problem of synaesthesia³.

However, we would like to stress that in addition to sight and hearing, touch should also play a fundamental role.

Another example could be the funeral of Tommaso Giannotti Rangone (1493-1577). This is a controversial figure.

He was the protagonist of spiritual and corporal welfare activities.

He was responsible for a hospital reorganisation of the Scuola Grande di San Marco in Venice, as well as for promoting the creation of St Mark's great painting cycle of in the Scuola Grande.

His funeral was marked by the public exhibition of the most important volumes of his rich and extremely valuable medical library⁴.

We can begin to propose a long series of questions.

How does all this apply to our dimension as teachers of the history of medicine?

From theoretical implications it is essential to move on to practical examples.

So, we have to analyse the problem from the point of view of the objects of our medical-historical teaching.

How does this apply to them?

One inevitably encounters the problem of their manipulation.

It is a problem no different from the one related to the presence of objects exhibited for a long time in our museums (or permanent exhibitions)⁵.

What percentage of deterioration of these objects are we willing to tolerate?

This question seems to conflict with our ideas, conceptions, and way of working as historians, museologists, conservators, and teachers.

It confronts us with our contradictions as historians, museologists, conservators, and teachers.

The objects we present to students in our History of Medicine courses become primary sources for them.

What is their *status*?

Are we authorised to change it?

Taking *deterioration* into account, are we aware that use for historical and medical teaching purposes could lead to an increase in deterioration?

What to do?

Some sources are more exposed to the risks of manipulation, but often they are the most used in our History of Medicine courses.

For example, let us look at library heritage.

They lend themselves well to our thought.

When we come across some of them, their intrinsic nature as objects of use and consumption emerges.

Is this an ineliminable dimension of every book?

We believe that it must somehow be considered, not opposed, but accepted as part of their natural destiny.

To be a little provocative, was Vesalius' *editio princeps* conceived to be preserved, or to be used, consulted, compulsed, handled, consumed?

How would we evaluate, taking our reasoning to extremes, its loss or destruction?

For the specimens that have come down to us, their destiny as an object of use and consumption is attested for the past time, through the glosses, marginalia, index annotations, signs of wear.

This use and consumption are integral part of the history of these volumes.

However, is it to be crystallised, sterilised, considered, valued only in terms of past events?

On the contrary, can the characteristic of object of use and consumption be part of a current horizon, of a testimony of its use even in the contemporaneity of our courses of History of Medicine?

How can we escape the risk (if it is a risk at all) that a *witness* like Vesalius' *editio princeps* becomes an unattainable object (destined only for an *elite* of scholars or conservators who use and consume it)?

In an AIB-Regione Lombardia Seminar on "Preservation and safeguarding in libraries", held at the Trivulziana Library in Milan on 25 September 1998, Guglielmo Cavallo happily used the term *sepulchral preservation* to refer to some hyper-conservative choices of some libraries, tending to remove certain works from consultation. A similar concept of *material buried* because it was *completely lost for scientific purposes* had already been used in museology by Enrico Tortonese (1911-1987) in 1971, regarding natural history collections and museums⁶.

How much does the determination of the economic value of the work to be protected influence our decisions (for the Fabrica of Vesalius it is currently quantifiable at around 1,000,000 euros)?

After all, even the ministerial guidelines on the *handling of library materials* [7] consider the economic effects and put them in the foreground.

The scientific literature on preventive conservation in libraries is also well developed, so we can cite some references, not exhaustively^{8, 9, 10}.

The need to ensure maximum accessibility of the volume over time, which is typical of the library's situation, clashes with the need for very intensive, albeit time-limited, consultation that is typical of our History of Medicine courses.

How can we resolve this apparent irreconcilability of concepts and situations?

The apparently simplest answer would seem to make use of physical or digitised copies (as copies *quam simillime* similar to the original ones).

We do not face with marketing or usefulness of ancient books reproduction, but we can say that such copies are not completely superimposable to the original ones (because they never can lack their modern characteristic).

The problem of digitisation plagues our institutions, but it is also a challenge to be considered¹¹.

Looking instead at the situation from the perspective of the student and his rights, why should he not handle the *editio princeps* of Vesalius, if available?

Let us return to the questions that concern us, as historians, museologists, conservators, teachers.



Fig. 1. Old and modern signs of use and consumption on the volume's parchment cover. (Property of the Authors)

What are we ourselves afraid of?

Which objects can we take with us into the classrooms and let our students use and manipulate them outside the programming of small group workshop work, conducted in museum conditions (which are not always available and/or feasible)?

If the initial condition of a volume already appears to show the signs and damage of time, use, consumption, does our attitude towards it change?

Does the fact of its further deterioration appear somehow different to us?

Does it mitigate the discomfort of feeling, in some way, that we are the authors of the increased consumption of the volume?

We would like to propose the example of this volume, which illustrates very well the impact on education of the introduction of movable type printing: dedicated to the students of Lyon, it is entitled *De metodo ac ratione studendi*¹².

It is a volume intrinsically intended for intensive student use and even today it can convey this characteristic to our students.

The damage to the bookbinding and the parchment cover, the action of rodents, the effects of humidity, the signs of use are all evident: in short, it is a volume that has been used and worn.

In the case of this sixteenth-century print edition, there is also a fracture in the parchment cover, which appears to be recent in nature.

It is the effect of the volume's longstanding use for current and contemporary teaching purposes in our History of Medicine courses.

How should it be judged by us?

A damage or a testimony?

We could ask ourselves the question already expressed.

What are we ourselves afraid of?

Are we afraid that the spine joint of a nineteenth-century bookbinding in poor condition will eventually crack because of being consulted by our students?

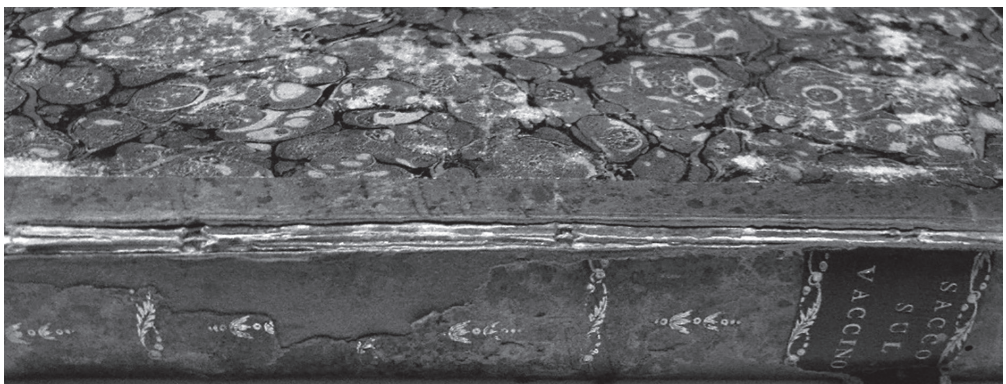


Fig. 2. Signs of use of the spine joint of the volume (Property of the Authors)



Fig. 3 Deterioration of the spine joint of the volume (Property of the Authors)

This volume combines two works by Luigi Sacco (1769-1836)^{13,14}, the person who introduced the Jennerian vaccination in Lombardy¹⁵.

Even in this second case, the usefulness of direct consultation of this volume by our students is evident.

Let us return to the initial question.

How should we deal with this apparent damage?

If we are prepared to accept the action of rodents, humidity, deterioration linked to use as an expression of the past events to which our volume has been subjected, why should we not accept an expression of use and consumption linked to our use for current educational purposes?

In our experience, even before the spread of ideas about communication channels and controversial psycho neurolinguistic theories, we have always tried to combine the more traditional forms of teaching with the experience of contact with object sources. In this we find ourselves in perfect agreement with what Walter Artelt (1906-1976) argued in 1949 in his *Einführung in die Medizinhistorik* about the relevance of *Sachquellen oder gegenständliche Quellen*¹⁶.

Books can also be placed in this category, and not only because of their contents.

We have always shared the idea that talking about an object (the paladins of psycho neurolinguistic communication would talk about the use of the auditory channel) and showing its image (use of the visual channel), even simultaneously, was not sufficient to determine in the student an integrated sensory experience, complete and such as to be better and more durably fixed.

This, in our opinion, was only possible by integrating the tactile experience with the first two (the aforementioned paladins of psycho neurolinguistic communication would speak of use of the kinaesthetic channel).

We understand this is not always feasible, for many and varied reasons, but by dealing with object sources, and including them whenever possible in the context of our lessons, we consider essential that the possibility of an integrated and complete sensory experience is not lost.

We think that putting students in physical contact with sources from the past is an added value, which we consider indispensable¹⁷.

However, we understand that restrictions on use are aimed at prolonging the life of the artefacts so that they can be consulted for as long as possible.

A painting does not require manipulation, but access to Leonardo da Vinci's *Last Supper* (1452-1519) is restricted; no archaeologist would think of filling a Roman amphora with wine to see what it tastes like; no one is allowed to walk on floor mosaics (even if they were designed to be walked on): we could go on with other examples. The book, on the other hand, has a dual nature: as a support for information and as a physical form that in turn carries information.

Just like the book, the document, the photo, the scientific and technical instrument also behave.

None of us thinks that sources should be spoiled or destroyed.

None of us believes that the necessary precautions should not be taken to minimise the possible effects of use and consumption.

We are of the opinion that certain proscriptions or oppositions to use for teaching purposes seem excessive, when they are not unique and unrepeatable sources (and even in this case, with the utmost prudence, consultation could be allowed, even for teaching purposes).

Moreover, the opportunity to make students interact with the sources, which we believe is entirely acceptable, also has the pedagogical utility of instructing them on the caution and prudence to adopt in the use of those same sources, precious testimonies of the past. We are thus, at least it seems to us, amid the kinaesthetic dilemma that affects the teaching of the history of medicine.

We do not pretend to give answers, but we believe it is useful to pose such a problem, which is not indifferent to our activity as teachers and historians¹⁸.

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