

THE STUDY OF MEDICAL HISTORY

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THE HISTORICAL VISION

If you look at a large painting only a few feet away from it, you will only see a small – perhaps insignificant – detail of it; if you view it at a distance of some yards, your eyes will absorb a larger, more meaningful area; and the more you recede from it the more you can perceive of the extent of the picture until your field of vision will encompass the whole scene. In the end, therefore, you will have reached a point where the small detail which you saw at a short distance will merge in a wider context and acquire adequate significance since an item can only be appreciated when viewed in relation to the whole pattern in which it occurs. The study of the history of medicine may be likened to this perceptive process. Looking at a large canvas only a few feet away corresponds to the 'present' which is only a minute part of the long continuum of time. Receding from the painting with consequent enlargement of your vista of the picture corresponds to your study of our medical past by which the present acquires meaning as a phase in a long process of development that has been unfolding over the centuries. Thus the study of medical history broadens, for the physician, his concept of his art and science and gives him a heightened awareness of himself and his work in relation to the events of the past and of his own time. If, therefore, the practice of medicine is to have any meaning to the student and to the practitioner, apart from its technical aspects and its material rewards, it is imperative that its history be taught to the undergraduate and be cultivated by him after he leaves the university.

WHAT IS MEDICAL HISTORY?

It is the record of how our knowledge of medicine has been gained and of how we are learning to apply that knowledge to the prevention, control and treatment of disease. Medical history, therefore, is not a simple chronological sequence of exciting events and dates; it is neither a mere array of factual information relating to persons, times, places, and discoveries, but it is above all a body of organised learning derived from answers to such ques-

tions as: How did a particular event happen? Why? Why at a particular time and not earlier or later? What other events preceded it and paved the way for it? How did such a book come to be written? What prompted it? What kind of person is its author? What induced him to follow that particular line of investigation? How does it fit into, or contrast with, contemporary medical thought? How has it influenced our present conception of illness, our methods of treatment, our measures of control over the spread of disease, our means of the alleviation of pain and suffering, our social and economic structure and our moral values?

LESSONS OF MEDICAL HISTORY

I have sometimes been asked by students and colleagues: 'What have you learned from the history of medicine?' I have replied as follows: 'Medical history has taught me a number of lessons which have stood me in good stead during my thirty-five years of professional life'. These lessons are:

(1) Apart from enriching the doctor's cultural background, medical history integrates the various separate disciplines of the medical curriculum into a meaningful and holistic pattern.

(2) It makes students aware that certain current problems are not 'modern' at all but are rooted in the past and that some contemporary medical situations are really 'old' problems that were not tackled and studied adequately in the past. Ex. adequate system of sewage disposal.

(3) We realise that the pursuit of medical science must include a study of social, political, technological and economic factors since these affect the way of life and the health of the individual and of the community as much as invasion of the body by bacteria, the appearance of neoplastic formations, etc.

(4) There is no place for dogma in scientific medicine. The doctor learns to criticise himself and to be receptive to ideas coming from sciences beyond the medical field, such as physics, statistics, eugenics, biology.

(5) There is a tendency on the part of individuals and groups to keep things as they are either because of self-interest or because of lack of understanding. The doctor must, therefore, be prepared to face and overcome obstacles to changes in our traditional thinking and practice from various quarters.

(6) Speculation on the nature and aetiology of disease leads to error but observation and experiment lead to the discovery and

confirmation of new principles. Ex. Jenner's discovery of vaccination against smallpox and Sir Themistocles Zammit's discovery of the germ of brucellosis in the blood of the goat.

(7) Knowledge about diseases is acquired not only from books but mainly from the bedside of the patient, in the laboratory and in the post-mortem room where correlation between symptoms and the underlying pathology can be established and verified.

(8) Advances in medicine often depend on progress registered in other scientific fields such as physics and chemistry. Ex. Histology on microscopy; bacteriology on staining procedures; treatment of cancer on radium; diagnosis on X-rays. Similarly development in one branch of medicine may be due to progress in a different medical sphere. Ex. Surgical progress would have been impossible without the achievements of anaesthesia and antiseptics.

(9) Although planned research has its importance, quite a number of momentous discoveries in medicine have been accidental. Ex. The discovery of penicillin. However, research workers sometimes fail to perceive solutions provided by 'chance' or 'accident' with the result that they continue to follow a sterile routine with loss of time and delay of benefit to the sick.

(10) Discoveries or new ideas may be received at first with doubts, sometimes with ridicule or downright opposition. Ex. The work of Thomas Sydenham and of Lord Joseph Lister.

(11) Advances in medicine are often the result of efforts of more than one investigator and of the gradual cumulation of work of centuries. Ex. William Harvey's work on the circulation of the blood.

(12) In spite of the vast corpus of knowledge and experience that we have amassed since ancient times, we are far from knowing all the answers. We have scored many successes but we still have many failures. We must, therefore, learn to be humble as we are still very much in the dark with regard to the causation and treatment of such as yet unconquered diseases as cancer, cardiac ischaemia, congenital defects and psychiatric disorder.

(13) The control and treatment of disease has been guided more by credulity than by a rational and experimental approach to the causation and nature of the pathological process; while prejudice and economic stringency have often retarded medical progress.

(14) New achievements in one direction pose new problems in other spheres.

(15) While political movements, economic differences and religious beliefs tend to divide humankind, the benefits of medical

progress foster a humanitarian bond of unity and solidarity among nations, races and individual men and women.

FORMAL TEACHING OF MEDICAL HISTORY

The formal teaching of medical history has found a place in the medical curriculum of many universities since the early decades of the last century. One of the earliest chairs of the history of medicine was established in 1750 at the medical schools of Wurzburg and Gottingen. By the dawn of the present century there was a wave of enthusiasm for medical history in America, Germany, France and England, represented by such eminent historians as Sir William Osler, Harvey Cushing, Fielding Hudson Garrison, Karl Sudhoff and Max Neuburger. By 1937 medical history was being taught in seventy per cent of medical schools, either as an 'elective' or a 'required' course with or without a compulsory final examination.¹

To us Maltese, poised in the midst of the Mediterranean Sea, the study of the history of medicine is of particular interest because our sea has seen the birth and development of a civilization that is the resultant of the cultural and scientific forces that rose and unfolded on its shores since pre-historic times to be followed by Phoenicia, Egypt, Greece, Rome, Arabian Spain and North Africa. We, therefore, occupy a good vantage point from which to view the dissemination and fusion of these ancient civilizations into our present way of thinking and living. And since the history of medicine is but a facet of the history of civilization we are favourably placed to observe the various currents and cross-currents that have come to form the mosaic of medical thought as we know it to-day.

The first to propose the inclusion of the study of the History of Medicine in the curriculum of medical undergraduates of our university were Drs. Tommaso Chetcuti and Nicola Zammit who suggested in 1842 that the subject should be taught in the penultimate year of the academical course over a period of five months.² This suggestion, however, was not acted upon and nothing was done in our university to foster the knowledge of medical history.

A revival of interest in the history of medicine in general and

¹ Galdston, I. *On the Utility of Medical History*, New York, 1957, pp. 35 & 41-44.

² Chetcuti, T & Zammit, N. *Rapporto ragionato della commissione incaricata dalla Società Medica di esaminare il progetto di studi relativamente alla medicina*, Malta, 1842, p. 36.

the medical history of Malta in particular occurred many years later in 1964 when Professor Walter Ganado, who was then Head of the Department of Medicine, agreed to my delivering a few lectures to the final year students on the medical history of Malta. In my opening remarks to the first lecture on the 15th April 1964 I said: 'I must first of all thank you for honouring me with your presence this morning. This is a very special occasion in the long life of our medical school for it is the first time that lectures on medical history are being delivered to university students. I wish also to express my thanks to Prof. Ganado who as Head of the Department of Medicine very eagerly accepted my suggestion to give you these lectures. By this venture we are joining the ranks of the foremost medical schools of Europe, USA, South America and Japan where courses in the history of medicine are held regularly and where research in medical history is actively pursued. Our beginnings are small, in fact I have been allotted only three lectures dealing with the medical history of Malta which I propose to consider under three aspects:

- (a) Stone Age period to the Middle Ages;
- (b) The Medical Services under the Order of St. John of Jerusalem;
- (c) Medical Progress during the 19th century.'

In a letter to Prof. Ganado of the 29th April I remarked: 'The innovation was welcomed enthusiastically by the medical students . . . The appreciative manner with which the lectures were received has convinced me that there is scope for a longer and more comprehensive course in the history of medicine as a permanent feature in the curriculum of the Department of Medicine as in other progressive medical schools abroad.'

In his reply of the 31st May Prof. Ganado assured me that the lectures had been greatly appreciated by the students and that it was his intention to ask me to repeat them to the next course of medical undergraduates.

A wider appreciation of the value of medical history was whipped up during 1964 by (a) the visit to our Island, at the invitation of the university, of Professor A. Pazzini, Professor of the History of Medicine at Rome University, who gave two lectures on medical history at the Lecture Hall of St. Luke Hospital on the 15th and 17th April under the auspices of the Malta Branch of the British Medical Association and of the University of Malta; (b) the participation to the FAO Anti-Brucellosis Congress held in Malta on

the 8th to 13th June, of the late Dr. K.F. Meyer Ph.D., M.D., Director Emeritus, G.W. Hooper Foundation, University of California Medical Centre. Dr. Meyer was fascinated by our medical history and offered all possible help to foster its study. Prof. Ganado grasped this opportunity to submit a memo to him in which he informed Dr. Meyer that it was proposed to set up a Fellowship for the study of Maltese Medical History and also a part-time lectureship in this subject at our university; (c) the setting up of an 'Exhibition Illustrating the History of Medicine in Malta' in connection with the First European Congress of Catholic Doctors at Floriana in September.³

Interest was sustained by the publication of my *Medical History of Malta* by the Wellcome Institute of London in 1965; so much so that at the beginning of the following year a request for the establishment of a Lectureship in the History of Medicine was made by the Malta Branch of the BMA to the university. As I was given to understand that the university was unable to comply with this request owing to lack of funds, I wrote as follows to the Rector on the 30th July 1966: 'This is not the occasion to discuss the utility of such a lectureship but I should like to point out the importance of the subject very briefly under four headings: *Cultural*. The physician is becoming more and more a technical man without that cultural background that makes of him a thinker and a the utility of such a lectureship but I should like to point out the importance of the subject very briefly under four headings: *Cultural*. The physician is becoming more and more a technical man without that cultural background that makes of him a thinker and a scholar. The teaching of medical history supplies this deficiency by bringing literature, philosophy and the various arts and sciences in close contact with medical thought and practice. *Holistic*. The modern doctor tends to specialise as soon as he qualifies and thus early to isolate himself from the rest of medicine and surgery. The history of medicine counteracts this isolation by presenting an integrated and holistic picture of our art and science. It thus broadens his concept of medicine and gives him new vistas over a wider horizon. *Social*. A doctor who is only a technician or a specialist, even if he is one of the best, is not a mature and enlightened professional man unless he understands the origin and

³Cassar, P. Guide to the Exhibition Illustrating the History of Medicine in Malta, Malta, 1964.

development of the social, political and economic milieu in which he has to exercise his profession. The teaching of the history of medicine highlights this awareness and extends it beyond his limited personal knowledge and also beyond the experience of his contemporaries. *Practical.* George Santayana said that 'those who forget history will have to repeat it'. This applies also to medical affairs and events. The teaching of medical history, by exposing facts and results, helps us to sharpen our powers of observation, to avoid pitfalls, to form correct judgements and to develop prudence and foresight.

As you know the most advanced medical schools of Europe and the Americas have been teaching medical history since many years. Here are a few examples: Wurzburg and Gottingen since 1750; Paris 1794; Florence 1806; Vienna 1808; Johns Hopkins 1877; Prague 1900; Leipzig 1905; University College Hospital London 1932. Other medical schools in the United Kingdom that teach medical history are Edinburgh and Manchester. In the United States of America out of 77 schools 54 give instruction in medical history. The position is similar in Canada and South America.

Of the main Faculties in our university – Theology, Law, Medicine, Engineering and Architecture and Arts – ONLY the Faculty of Medicine possesses NO chair or lectureship on its history. In fact there are Chairs in Church History, History of Legislation in England and Malta, History of Architecture and General History ... At the beginning of the current year the Malta Branch of the British Medical Association asked the university to set up a lectureship in the History of Medicine but the reply, received this month, was that no funds are available. To overcome this financial hurdle I hereby offer GRATIS my services as an Honorary Teacher in the History of Medicine. The posts of Honorary Teachers are an accepted feature in our university. In fact I am myself an Honorary Teacher in Clinical Psychiatry so that there should be no difficulties in the creation of an Honorary Teacher in the History of Medicine. It would be no precedent.

As a start I would suggest that, by arrangement with the Professor of Medicine, there should be six lectures a year during the last two years of the course; that attendance of students should be obligatory as in other subjects but that there should be no examination in the subject ...'.

On the receipt of this letter the Rector informed me that he was referring the matter to the Faculty Board for transmission to Senate

and Council (Letter dated 17th August).

It so happened that at this period, University College, London, announced the creation of the first University Department of the History of Medicine in the Faculty of Medicine at University College. In pointing out this new development in England, I wrote as follows to our university authorities, on the 13th October, quoting an excerpt from an annotation by the *British Medical Journal* of the 24th September 1966, p.720: 'It is expected that medical history will be taught to pre-clinical and clinical students and that instruction in the medico-historical aspects of non-medical subjects will also be arranged ... In addition to fulfilling the wishes expressed by Singer in 1919 for more teaching of medical history, they are giving practical support to the plea of the Association Medical Journal ... which as long ago as 1853 stated: 'We advocate the study of medical history, then, and we shall in future articles continue to do so, since we are deeply impressed with the immense benefit to our profession which must flow from its general cultivation'. I commented: 'These remarks show the great importance that is being given to the teaching of medical history abroad and add weight to my suggestion for the formal establishment of such teaching in our university. I should feel grateful if you would kindly submit this communication to the Faculty, Senate and Council.' On the 31st January and the 14th March 1967 I was informed by the Rector that Senate had agreed to leave the matter in 'abeyance' until provision was made in the statute for the establishment of Honorary Lectureships. There have been no further developments.

On the 11th November 1966 I gave the first of four lectures on medical history to the final year students at the invitation of Prof. W. Ganado. Like the previous ones, these lectures were received with keen interest and lively enthusiasm, so much so that Professor Ganado wrote: 'I consider your lectures a most essential part of the medical course, not only for culture's sake, but also because I consider it important that the local profession should develop a pride in its past achievements ... The contents of your lectures are achieving this effect. This justifies not only further teaching in this subject but also the establishment of a separate lectureship which would encourage further research and give opportunity to raise interest in Maltese medicine. I am sending a copy of this letter to the Dean of Medicine' (Letter dated 30th December 1966).

I am happy to say that Professor Frederick Fenech, on his being appointed Head of Department of Medicine on the 16th April 1974, invited me to deliver two lectures on the history of medicine to his students which I very gladly gave on the 31st October and the 7th November 1974.

As already stated the Rector, in his communication of the 14th March 1967, informed me that Senate had left the question of the establishment of a Lectureship in Medical History 'in abeyance'. *The Concise Oxford Dictionary of Current English* defines the word 'abeyance' as a 'state of suspension, dormant condition liable to revival'. In effect this means that despite a lull of eight years, the issue is still open. I, therefore, appeal to the University authorities to reconsider the suggestions made to them since 1964 and implement them.