

THE MEDICAL HISTORIAN AT WORK

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THE TASK OF THE MEDICAL HISTORIAN

Medical history is the record of how our present knowledge of medicine and surgery has been acquired through the ages and of how this knowledge has been applied to the prevention, control and treatment of disease.

The task of the medical historian, therefore, is: (a) to discover and record ideas and events in the march of medicine and place them in the context of the social, economic and religious currents of their time as the study of medical history cannot be pursued in isolation from the study of other fields of human behaviour;¹ (b) to show how the past is linked with the present in a continuous line of progression; how the present is built on the past and how the future is shaped by the present; and (c) to find out the reasons behind the failures of the past and thus help his contemporaries to move forwards into the future more efficiently and with the minimum of hazards.

To fulfil these tasks, the historian tries to find an answer to the following questions:

Why and how did this event happen?

Why at that particular point in time and not earlier or later?

What ideas or circumstances paved the way for that event?

Who wrote about it?

What kind of individual was the author?

What motivated him to write about it?

What is his proximity to the events he narrates in time and place?

How reliable is he with regard to the veracity of his statements?

MEANS OF ACHIEVING HIS OBJECTIVES

The medical historian endeavours to:

(a) find and establish facts or events by reference to original sources, not basing himself on mere rumours or opinions or impressions; (b) verify the truthfulness of facts and events, this being the most difficult exercise he has to carry out; (c) place them against the general background of the country or of other

¹Cassar, P. (1965). Medical History of Malta, London.

countries at the same period in order to give a balanced picture; (d) link them with previous events that may have had a direct or indirect influence on them.

SOURCES

The types of sources of information tapped by the medical historian are:

(a) Literary. (i) Manuscripts or hand-written documents such as diaries, private papers, letters, official reports and records. (ii) Books. He must be familiar with what may have been already published especially with works that are contemporary with the events that he is investigating. (iii) Newspapers and journals. (iv) Microfilms of documents that are held in archives abroad.² (v) Correspondence with other research workers or institutions, libraries, museums, etc. interested or specialising in the same line of research that he is pursuing.

(b) Oral Information obtained verbally from witnesses or participants of events or from their immediate descendants.

(c) Pictorial. Portraits, paintings and engravings depicting scenes of a medical kind, such as episodes during epidemics; illustrations of diseased parts or deformities of the body; interiors of pharmacies, laboratories and operating theatres;³ apparatus and instruments that have gone out of use; pictures of ex-votos referring to cures from injuries or illnesses.⁴

(d) Material objects. (i) Architecture. This includes hospital buildings; slum areas reflecting the state of the public health; the presence of such internal features as the alcove where, in the past, expectant mothers gave birth to their offsprings;⁵ churches dedicated to saints, protectors against diseases (St. Roche, St. Sebastian, Saints Cosmas and Damian, etc).⁶ (ii) Furniture such as the parturition chair⁷ and the wooden shelving and benches of old pharmacies. (iii) Archaeological artefacts in the shape of stat-

²Cassar, P. (1976). Early Relations between Malta and the U.S.A., Malta.

³Cassar, P. (1975). Professor P.P. Debono. The Man and His Times, *The St. Luke's Hospital Gazette*, Vol. 10, p. 127.

⁴Cassar, P. (1963). Medical Votive Offerings in the Maltese Islands, *Journal of the Royal Anthropological Institute*, Vol. 94, Part One.

⁵Cassar, P. (1975). Pregnancy and Birth in Maltese Tradition, *Chest-piece*, April, p. 25.

⁶Cassar, P. (1972). The Cult and Iconography of Saints Cosmas and Damian in the Maltese Islands, *Melita Historica*, Vol. 6, p. 25.

⁷Cassar, P. (1973). Vestiges of the Parturition Chair in Malta, *The St. Luke's Hospital Gazette*, Vol. 8, p. 58.

uettes of fat women, clay figures representing diseased organs from neolithic sites, stone slabs or mosaics showing scenes of medical interest or carvings of instruments.⁸ (iv) Human remains i.e. bones,⁹ teeth and mummies for evidence of pathological conditions in the past. (v) Medical bygones in the form of pharmacy jars, instruments or utensils used in the preparation of medicaments. (vi) Tombstones. Their inscriptions and designs afford biographical data; records of killing diseases (cholera, plague, accidents), evidence of longevity and life expectancy, state of medical knowledge as shown, for instance, by the anatomical representations of the human skeleton on the mosaic slabs in St. John Co-Cathedral at Valletta.¹⁰

PERSONALITY OF THE RESEARCH WORKER

To be competent and reliable the research worker must possess the following basic traits of character: (a) Truthful and unbiased, (b) Observant i.e. continuously on the look out for sources of information whether written, pictorial¹¹ or material objects.¹² (c) Humble, admitting his ignorance and acknowledging sources and the help he receives from others. (d) Patient, for he must be prepared to consume unlimited time in his search for material which is not always as productive as he desires it to be. (e) Critically disposed, in the sense that he must not accept statements at their face value, but must check them; he must beware of anonymous writings as the anonymity deprives him of the means of assessing the value of contributions by unknown authors; he must keep in mind, when dealing with secondary sources, the possibility of errors creeping in, regarding names and dates which may be transmitted from one document or book to another over a long period of time.¹³

⁸ Cassar, P. (1974). Surgical Instruments on a Tomb Slab in Roman Malta, *Medical History*, Vol. 18, p. 89.

⁹ Cassar, P. (1975). Relics of Phrenology in Malta, *The St. Luke's Hospital Gazette*, Vol. 10, p. 14.

¹⁰ Cassar, P. (1974). Anatomical Errors in the Lapidary of the Co-Cathedral of St. John at Valletta, *The St. Luke's Hospital Gazette*, Vol. 9, p. 13.

¹¹ Cassar, P. (1977). An Eighteenth Century Bill of Health of the Order of St. John from Malta, *Medical History*, Vol. 21, p. 182.

¹² Cassar, P. (1966). A Further Document of Wood Relating to the Plague of 1813-14, *Scientia*, Vol. 27, p. 4.

¹³ Cassar, P. (1958). The Foundation Year of the Chair of Anatomy and Surgery at the Holy Infirmary at Valletta, *Scientia*, Vol. 24, No. 3.

OBSTACLES AND AWARDS

The research worker is usually an individualist. As a lone worker, however, he can only make the first steps. As his search extends, it may go beyond his possibilities for further exploration and so he has to fall on other workers in his field and even in other areas for further information. Hence the need to keep abreast with the literature in his own field and related ones. Sometimes he finds enlightenment from the chance meeting with other workers who may point to sources unknown to him, suggest clues in his quest for information or else inspire research in other directions.

Notwithstanding his efforts to gather all the information about the subject under investigation, vast gaps may remain unfilled which ever way he turns. The most excruciating frustration he has to face is the discovery that the documents he is looking for have been lost or destroyed.¹⁴ He must, therefore, resign himself to the fact that no research project is ever complete.

In spite of these drawbacks, however, the research worker must persevere in his efforts comforted by the words of the Talmud which run thus: 'The day is short and the work is great ... It is not incumbent on thee to complete the work but thou must not therefore cease from it.' These words are ever in my mind as a historian and I will continue to abide by them to the end of my days.

¹⁴Cassar, P. (1974). The Condition and Accessibility of Records on Maltese Medical History, in *Maltese History: What Future?* (Edit. A. Williams & R. Vella Bonavita), Malta, p. 147.