



La rivista internazionale MEDIC New Series, Metodologia Didattica e Innovazione Clinica si caratterizza per un approccio globale e unitario ai temi della Bioetica, dell'Etica della salute e della formazione degli operatori sanitari, con la finalità di ricomporre in una visione unitaria i saperi umanistici e le scienze biomediche. Essa intende proporsi come uno spazio di dialogo tra le cosiddette *due culture*, quella scientifica e quella umanistica, nello sforzo di offrire spunti di riflessione e di confronto alla luce di un neo-umanesimo medico che ha nella persona il suo punto di coesione e di equilibrio. Si tratta di una rivista scientifica multidisciplinare, che ospita revisioni della letteratura e lavori originali, nonché editoriali, lettere all'editore su argomenti di particolare interesse e recensioni di libri.

La rivista si propone di fornire un'occasione di confronto sul piano internazionale attraverso la pubblicazione di contributi attinenti alle seguenti sezioni: *Metodologia, Epidemiologia, Clinica e Ricerca di Base, Educazione Medica, Filosofia della Scienza, Sociologia della Salute ed Economia Sanitaria, Ingegneria Bio-Medica, Etica e Antropologia, Storia della Medicina*.

Uno degli obiettivi prioritari della rivista è aprire un dibattito sui temi di maggiore rilievo scientifico in ambito bio-medico, affrontandoli sotto diverse angolature attraverso i contributi dei vari autori. MEDIC *New Series* vuole in tal modo offrire agli studiosi che si confrontano con le grandi questioni della salute e della malattia, della vita e della morte, del dolore e della sofferenza, uno scambio fecondo con colleghi di altre discipline, perché si giunga a una composizione del tema più ampia di quella consentita dall'esclusiva ottica delle propria specialità.

Il dialogo tra le Scienze, per essere efficace e fruttuoso, deve essere prima di tutto un dialogo tra scienziati, capaci di analizzare la realtà anche con linguaggi diversi, per comprenderne aspetti che altrimenti resterebbero sottintesi o non sufficientemente elaborati e strutturati.

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The international journal MEDIC New Series, Teaching Methodology and Clinical Innovation distinguishes itself for its global and unified approach to bioethics and to health care ethics issues as well as to the training of health workers aiming at structuring the humanistic knowledge and the biomedical sciences into a common vision. It wishes to foster the dialogue between the so called two cultures, the scientific and the humanistic one, in its effort to offer occasions of reflection and of confrontation in the light of a medical neohumanism which sees in the human being its point of cohesion and balance. It is a multidisciplinary scientific journal publishing literature reviews, original papers, editorials, letters to the Editor on topics of special interest as well as book reviews.

The journal intends to set up a space of comparison at an international level through the publication of papers relevant to the following sections: Methodology, Epidemiology, Clinical Medicine and Basic Research, Medical Education, Philosophy of Science, Health Sociology and Health Economics, Biomedical Engineering, Ethics and Anthropology, Medical History.

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Stampa/*Printed by* Pacini Editore Srl, via A. Gherardesca, 56121 Pisa

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7. Extended Abstract (approx. 200 words)
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INVITO ALLA LETTURA

AN INVITATION TO READ

In accordo con la filosofia di MEDIC (Un Giornale per il Nostro Tempo, 1993; 1: 71-72), questo Numero comprende articoli di varia natura, aventi peraltro in comune l'interesse per i problemi d'ordine metodologico e/o riguardanti la didattica formativa.

Following the philosophy of MEDIC (A Journal for Our Times, 1993; 1: 71-3), this issue includes articles of various kinds, however all share a special interest in problem related methodology and/or education.

“Repairers of broken walls”. Ten years of Himetop - The History of Medicine Topographical Database

“Riparatori di breccie”. Dieci anni di Himetop - Il database topografico di storia della medicina

LUCA BORGHI

MEDIC 2017; 25(2): 11-19

This contribution gives a full account of the history, current state and possible future evolution of the Himetop Project.

Il contributo offre un resoconto completo della storia, dello stato attuale e dei possibili sviluppi futuri del Progetto Himetop, un database topografico della storia della medicina.

Interdisciplinary study on the role and the evolution of anatomical theatres in the modern era: the first results of the THESA Project

Uno studio interdisciplinare sul ruolo e l'evoluzione dei teatri anatomici nell'era moderna: primi risultati del Progetto THESA

EMANUELE ARMOCIDA, CHIARA IANESSELLI, ANDREA COZZA

MEDIC 2017; 25(2): 20-27

This article presents the THESA Project, which aims to make a census of Italian and European anatomical theatres, in order to rediscover and appreciate these particular architectural sites, pivotal for the development of modern medicine and science.

L'articolo presenta il Progetto THESA, finalizzato a censire i teatri anatomici italiani ed europei, allo scopo di riscoprire e valorizzare questi particolari siti architettonici, fondamentali per il processo di sviluppo della medicina e della scienza moderna.

The unspoken history of medicine in Russia

La storia non raccontata della medicina in Russia

ELENA BERGER, NINA CHIZH, KONSTANTIN PASHKOV, GENNADY SLYSHKIN, MARIA TUTORSKAYA

MEDIC 2017; 25(2): 28-34

This contribution, based on the materials of the Russian Museum of Medicine of the N.A. Semashko National Research Institute of Public Health, focuses on the cases of neglect and inadvertence in the celebration of Russian medical history and heritage.

Il contributo, basato su materiale proveniente dal Museo Russo di Medicina dell'Istituto Nazionale di Ricerca sulla Salute Pubblica “N.A. Semashko”, mette in luce alcuni casi di oblio o di rimozione nella celebrazione della storia medica russa e del suo patrimonio materiale.

Monuments of physicians in Vienna. What do they teach us and how?

Monumenti di medici a Vienna. Come e cosa ci insegnano?

JULIA RÜDIGER

MEDIC 2017; 25(2): 35-42

The Author investigates some Vienna's medical “monuments as a form of communication”. Starting from art history, she tries to reveal the close connection between the aesthetic and stylistic choices of artists and their intended meaning on a social, cultural and political level. *L'Autrice analizza alcuni monumenti a Vienna dedicati a medici, interpretandoli come una forma di comunicazione. Partendo dalla storia dell'arte, cerca di mettere in luce lo stretto legame esistente tra le scelte artistiche e stilistiche degli artisti e i messaggi da essi veicolati sul piano sociale, culturale e politico.*

British medical topography

Topografia medica Britannica

ADRIAN M.K. THOMAS

MEDIC 2017; 25(2): 43-53

This contribution presents and analyzes the wide varieties of materials and locations in the British Isles with a connection with medical and healthcare history.

Il contributo presenta e analizza l'ampia gamma di materiali e luoghi delle Isole Britanniche collegati alla storia della medicina e della sanità.

From hospital “knife” to cultural museum artefact

Da “ferro” ospedaliero a bene culturale musealizzato

FRANCESCA VANNOZZI, DAVIDE ORSINI

MEDIC 2017; 25(2): 54-62

The experience of the University of Siena for safeguarding and preserving its scientific equipment no longer in use, to study it and to make it available to the public.

L'articolo presenta l'esperienza dell'Ateneo senese nel salvaguardare e preservare l'antica strumentazione scientifica non più in uso, a fini di studio, di divulgazione e di didattica.

La morte e il morire: un problema tecnico o una questione di senso?

On death and dying: a technical problem or a question of meaning?

MARIA TERESA RUSSO

MEDIC 2017; 25(2): 63-68

Nell'articolo si analizzano le considerazioni di due filosofi, Vladimir Jankélévitch e Paul Ricoeur, sul tema della morte e del morire, come cornice riflessiva in cui collocare gli attuali dibattiti bioetici e politici sul tema.

The article analyzes the thoughts of two philosophers, Vladimir Jankélévitch and Paul Ricoeur, on death and dying, as a reflective frame in which to place the current bioethical and political debates on the topic.

La comunicazione alimentare: aspetti etici e risvolti educativi

Food communication: ethical aspects and educational implications

CLAUDIO PENSIERI

MEDIC 2017; 25(2): 69-74

L'articolo tratta delle problematiche etiche connesse alla comunicazione dei prodotti alimentari, soprattutto in relazione alla veridicità e completezza delle informazioni.

The article deals with ethical issues related to the communication of food products, especially in relation to the truthfulness and completeness of information.

Editorial. To the intangible through the tangible: world cultural heritage and the history of medicine and health

Editoriale. Dal tangibile all'intangibile: il patrimonio culturale mondiale e la storia della medicina e della sanità

LUCA BORGHI

Istituto di Filosofia dell'Agire Scientifico e Tecnologico (FAST), Università Campus Bio-Medico di Roma

This special issue of MEDIC is published on the tenth anniversary of “Himetop – The History of Medicine Topographical Database”, a freely accessible web 2.0 database (himetop.net) that collects worldwide, photographic and bibliographic documentation about places and material memories related to the history of medicine and healthcare in general.

The theoretical framework of this project refers to the preservation of “cultural heritage”, as defined and promoted by UNESCO’s two momentous Conventions of 1972 (Convention concerning the Protection of the World Cultural and Natural Heritage) and 2003 (Convention for the Safeguarding of the Intangible Cultural Heritage).

The first Convention, as far as cultural heritage is concerned, aims to ensure the conservation, protection and presentation of “monuments”, “groups of buildings” and “sites” (Article 1) which are often “increasingly threatened with destruction” for natural or social reasons. Underlying these aims is concern for the fact that the “deterioration or disappearance of any item of the cultural or natural heritage constitutes a harmful impoverishment of the heritage of all the nations of the world”.

The second Convention, thirty years later, asserts that, even when we speak of “intangible cultural heritage” (i.e. tra-

ditional practices, representations, expressions, knowledge, skills, of the communities, groups and individuals etc.), we cannot forget “the instruments, objects, artefacts and cultural spaces associated therewith” (Article 2). This is due to “the deep-seated interdependence between the intangible cultural heritage and the tangible cultural and natural heritage”.

Since its beginning, the Himetop Project has looked for the “intangible” of the history of health and medicine (tradition, inspiration, awareness, vision, ideals etc.) through the “tangible”: old hospitals, monuments, birthplaces, tombs, specialized museums, ancient professional tools and works of art.

I like to remember that this keen interest in places and material memories was very strong in William Osler, the noble father of American medicine and – for so many of us, still today – the accomplished model of a humanist and humane physician.

Harvey Cushing, Osler’s first and best biographer, recalled the famous pilgrimage to the tomb of Pierre Louis, that Osler decided to promote, “acting on an inspiration”, during the International Congress on Tuberculosis, held in Paris in October 1905. When he proposed the pilgrimage, Osler had not expected to encounter a rather surprising impediment: “no one, not even the French physicians who were consulted, had any idea where Louis was buried”. Osler’s reaction was to promise himself to keep looking for the Louis’ burial place until he found it, which he did – in the Louis family tomb in the Cemetery of Montparnasse.

Osler was just as stubborn, but less fortunate, when in March 1909 during a visit to Padua, he tried to locate William Harvey’s coat of arms among those of the hundreds of former students that decorate the walls and ceilings of the University

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central building. He noted in his diary: “Could not find Harvey’s stemma – went twice round (bitterly cold & had to give it up)”. In his later years Osler continued to show interest in history of medicine material markers when he participated in the project to have the “dilapidated tomb” of Avicenna, the pre-eminent Persian physician and philosopher, repaired and made efforts to obtain governmental authorization.

Some months ago, I asked colleagues and friends, in Italy and elsewhere, to share their own personal experiences, knowledge and ideas about medical material memories. As I expected – for many of them have been collaborating in different ways, for years, with the Himetop Project – their contributions, collected in this volume, provide a comprehensive and well-documented picture of present day attention to and interest in the subject. Together they bear evidence to the cultural, educational, social and historiographical significances of these artefacts and spaces.

In my own contribution, as editor of this special issue, I try to give a full account of the history, current state and possible future evolution of the Himetop Project. I discuss its first achievements as well as the problems that still need solutions.

Adrian Thomas, a well-known British radiologist and historian of radiology, presents the British Medical Heritage, which is exemplary in many ways, but sometimes also highly problematic. Notably, Thomas argues in favor of keeping and displaying material memories near their original sites: “Whilst it is good when archives and three-dimensional objects are preserved at a central location, it is better when they can be displayed close to where they were created”.

Two University of Siena scholars, Francesca Vannozi and Davide Orsini, can now be considered the benchmarks definers of Italian medical museology. In their contribution, they tell a fascinating story which begins in the early 1990s, when their university “made the exacting and courageous choice to safeguard and preserve its scientific equipment no longer in use and to study it, in order to make it available”. Since then, a large number of technical skills related to the restoration and conservation of historic medical instruments have been acquired, and much knowledge has been accumulated about how these instruments were used to treat patients and in medical teaching, in view of preserving and popularizing a caring and curing tradition linked especially with “the Thousand-Year Hospital” of Santa Maria della Scala.

Austrian historian of art, Julia Rüdiger, looks at some of Vienna’s medical “monuments as a form of communication”. Starting from, and going beyond, art history, she succeeded in revealing the close connection between the aesthetic and stylistic choices of artists and their intended meaning as “means of communication by their commissioner and institution as well as, and not least, a means of political propaganda”. The “monumental” stories about Gerard van Swieten, the personal physician of Empress Maria Theresa, and the great surgeon Theodor Billroth are emblematic.

Elena Berger, Maria Tutorskaya and their Russian colleagues adopt an original and stimulating point of view with their study of the scarcity or absence of certain types of monuments or memorials, which they assert is often no less revealing than their presence or abundance. Although modern Russia is quite rich in monuments, specialized museums and other material memories of its medical past, there are obvious gaps and delays in some sectors, such as the one concerning medical women: “the presence and types of these lacunas are able to give a lot of information on the medical history and on the relations of medicine, state and society”.

Finally, three young Italian researchers – Emanuele Arnocida, Chiara Ianeselli and Andrea Cozza – present the rationale and first results of a research project on Italy’s anatomical theatres, both extant and those that have disappeared. The THESA Project (THEatre Science Anatomy) aims to analyze the role of anatomical theatres not only in the history of anatomy and medicine, but also in the evolution of modern scientific thought and education, in a wider social and cultural context.

This collection of contributions from various disciplines (history of medicine, art history, museology, cultural tourism etc.) should confirm the value of material memories – Tangible Cultural Heritage – in the medical field that the Himetop project has been seeking to highlight for ten years.

Preserving our material heritage has always been a concern for intellectuals and scholars. Cassiodorus, the sixth century public official and writer at the court of Theoderic the Great, King of the Ostrogoths, struggled to have restored the old buildings serving the health-giving hot springs of Abano:

“This fountain then, as we before said, deserves a worthy habitation. If there be anything to repair in the *thermae* themselves or in the passages (*cuniculi*), let this be done out of the money which we now send you. Let the thorns and briars which have grown up around it be rooted up. Let the palace, shaken with extreme old age, be strengthened by careful restoration. Let the space which intervenes between the public building and the source of the hot-spring be cleared of its woodland roughness, and the turf around rejoice in the green beauty which it derives from the heated waters” (Letters, II, 39).

In Cassiodorus mind, “*talia posteris non tradere hoc est graviter in longa aetate peccare*” (not to pass these things on to posterity is like sinning for a long time). People working or collaborating at the Himetop Project belong to the same tradition.

Questo numero monografico di *MEDIC* viene pubblicato in occasione del decimo anniversario del progetto “Himetop – The History of Medicine Topographical Database”, un database on-line ad accesso aperto che raccoglie, da tutto il mondo, documentazione fotografica e bibliografica su luoghi e memorie materiali legate alla storia della medicina e della sanità in genere (himetop.net).

Il contesto teorico di tale progetto è la conservazione e protezione del patrimonio culturale, come definito e promosso da due pietre miliari quali le Convenzioni UNESCO del 1972 (*Convention concerning the Protection of the World Cultural and Natural Heritage*) e del 2003 (*Convention for the Safeguarding of the Intangible Cultural Heritage*).

La prima Convenzione, per quanto si riferisce al patrimonio culturale, punta ad assicurare la conservazione, la protezione e la promozione di “monumenti”, “gruppi di edifici” e “siti” (Articolo 1) che sono spesso “sempre più minacciati di distruzione” per ragioni naturali o sociali. Sottintesa a tale finalità è la preoccupazione per il fatto che “il deterioramento o la scomparsa di ogni elemento del patrimonio culturale o naturale costituisce un impoverimento dannoso del patrimonio appartenente a tutte le nazioni del mondo”.

La seconda Convenzione, trent’anni più tardi, afferma che, anche quando parliamo di “patrimonio culturale intangibile” (cioè, di pratiche tradizionali, rappresentazioni, espressioni, conoscenze, abilità, di comunità, gruppi o individui ecc.), non possiamo dimenticare “strumenti, oggetti, artefatti e spazi culturali a essi associati” (Articolo 2). Ciò è dovuto alla “profonda interdipendenza tra il patrimonio culturale intangibile e quello culturale e naturale tangibile”.

Fin dal suo inizio, il Progetto Himetop è andato alla ricerca dell’“intangibile” nella storia della medicina e della sanità (tradizione, ispirazione, consapevolezza, visione, ideali ecc.) attraverso ciò che di “tangibile” ci è rimasto di quella storia: vecchi ospedali, monumenti, case natali, tombe, musei specializzati, antichi strumenti professionali, opere d’arte ecc.

Amo ricordare che questo appassionato interesse per i luoghi e le memorie materiali era molto forte in William Osler, il padre nobile della medicina americana e – per tanti di noi, ancora oggi – il modello perfetto di un medico umanista e umano.

Harvey Cushing, il primo e migliore biografo di Osler, ricordava il famoso pellegrinaggio alla tomba di Pierre Louis, che Osler decise di promuovere, “agendo su ispirazione”, durante il Congresso Internazionale sulla tubercolosi, svoltosi a Parigi nell’ottobre del 1905. Quando propose il pellegrinaggio, Osler non si aspettava di imbattersi in un sorprendente ostacolo: “Nessuno, neppure i medici francesi che furono consultati, aveva la minima idea di dove fosse sepolto Louis”. Osler si ripromise di non smettere di cercare la tomba fino a quando non l’avesse rintracciata. Cosa che fece effettivamente, fino a localizzare la tomba di famiglia di Louis nel cimitero di Montparnasse.

Osler si dimostrò altrettanto testardo, anche se meno fortunato quando, durante una visita a Padova nel marzo del 1909,

tentò di localizzare lo stemma di William Harvey tra le centinaia di stemmi di antichi alunni che decorano pareti e soffitti dell’edificio centrale dell’Università. Dovette annotare sul suo diario: “Non sono riuscito a trovare lo stemma di Harvey, anche se ho fatto il giro due volte (era molto freddo e ho dovuto rinunciare)”. Negli anni successivi Osler continuò a mostrare interesse per le memorie materiali legate alla storia della medicina, come quando partecipò al progetto per il restauro della “fatiscente tomba” di Avicenna, il grande medico e filosofo persiano, cercando di ottenere le necessarie autorizzazioni governative.

Alcuni mesi fa ho, dunque, chiesto a colleghi e amici, in Italia e all’estero, di condividere le loro esperienze, competenze e opinioni relativamente al tema delle memorie materiali in campo medico. Come mi aspettavo – dato che vari di loro collaborano ormai da anni in vario modo con il Progetto Himetop – i loro contributi, ora raccolti in questo volume, offrono una panoramica ampia e ben documentata dell’attuale interesse e attenzione che vengono rivolti a questo argomento. Nel loro insieme, essi offrono una valida testimonianza sul valore culturale, educativo, sociale e storiografico di tali oggetti e di tali spazi.

Nel mio personale contributo, come curatore di questo numero speciale, cerco di fornire un resoconto dettagliato della storia, stato attuale e possibili prospettive future del Progetto Himetop. Ne presento i primi risultati così come i problemi che ancora richiedono una soluzione.

Adrian Thomas, un ben noto radiologo e storico della radiologia inglese, presenta il Patrimonio medico britannico, che è esemplare da molti punti di vista, ma talvolta anche decisamente problematico. Tra le altre cose, Thomas argomenta a favore della conservazione e presentazione delle memorie materiali nelle vicinanze dei loro siti di provenienza: “Benché sia positivo che archivi e oggetti tridimensionali siano conservati in una sede centrale, è ancora meglio quando possono venire esposti vicino al luogo dove sono stati creati”.

Due studiosi dell’Università di Siena, Francesca Vannozzi e Davide Orsini, possono essere attualmente considerati i punti di riferimento della museologia medica italiana. Nel loro contributo, essi raccontano una storia affascinante iniziata nei primi anni Novanta, quando la loro università “fece la difficile e coraggiosa scelta di salvaguardare e preservare la strumentazione scientifica non più in uso, per studiarla e continuare a renderla accessibile”. Da allora, un’ampia gamma di abilità tecniche legate al restauro e alla conservazione di strumenti medici di valore storico è stata acquisita, e in pari tempo sono state accumulate molte conoscenze su come tali strumenti venivano usati nella cura dei malati e nell’insegnamento della medicina, con l’obiettivo di preservare e divulgare una tradizione di cura legata specialmente all’“Ospedale dei Mille Anni”, il Santa Maria della Scala.

Una storica dell’arte, la studiosa austriaca Julia Rüdiger, guarda ad alcuni monumenti medici di Vienna come a “forme di comunicazione”. A partire dalla storia dell’arte, e andando

oltre, Rüdiger riesce con efficacia a rivelare lo stretto collegamento tra le scelte estetiche e stilistiche degli artisti e il significato sotteso alle loro opere quali “mezzi di comunicazione di committenti o istituzioni e, nondimeno, come strumenti di propaganda politica”. Le vicende “monumentali” di Gerard van Swieten, medico personale dell’Imperatrice Maria Teresa, e del grande chirurgo Theodor Billroth, sono emblematiche.

Elena Berger, Maria Tutorskaya e i loro colleghi russi adottano un originale e stimolante punto di vista con il loro studio sulla scarsità e sull’assenza di certi tipi di monumenti e memoriali che, essi affermano, è spesso ancor più rivelatrice della loro presenza o abbondanza. Sebbene la Russia moderna sia piuttosto ricca di monumenti, musei specializzati e altre memorie materiali legate al suo passato medico, ci sono evidenti lacune e ritardi in alcuni settori, come quello relativo alle donne medico: “la presenza e la tipologia di tali lacune offre molte informazioni sulla storia medica e sui rapporti tra medicina, stato e società”.

Infine, tre giovani ricercatori italiani – Emanuele Armocida, Chiara Ianeselli e Andrea Cozza – presentano le ragioni e i primi risultati di un progetto di ricerca sui teatri anatomici italiani, sia quelli ancora esistenti sia quelli ormai scomparsi. Il Progetto THESA (THEatre Science Anatomy) punta ad analizzare il ruolo dei teatri anatomici non solo nella storia dell’anatomia e della medicina, ma anche nell’evoluzione del pensiero scientifico moderno e dell’educazione, in un contesto sociale e culturale più ampio.

Questa raccolta di contributi da varie discipline (storia della medicina, storia dell’arte, museologia, turismo culturale,

ecc.) sembra confermare il valore delle memorie materiali – Patrimonio Culturale Tangibile – in campo medico che il progetto Himetop sta cercando di mettere in luce ormai da dieci anni.

La tutela del nostro patrimonio culturale è sempre stata una preoccupazione di intellettuali e studiosi. Cassiodoro, che nel sesto secolo fu funzionario e scrittore presso la corte di Teodorico il Grande, Re degli Ostrogoti, si adoperò con energia affinché venissero restaurati i vecchi edifici che servivano le salubrità sorgenti termali di Abano:

E perché la stabilità di quegli antichi edifici sia consolidata, se nelle terme o nei cunicoli c’è qualcosa da riparare, provvedi immediatamente. E i cespugli che nascono, per un colpevole abbandono, vengano strappati, affinché le piccole e sottili radici, diventando a poco a poco più grosse, non penetrino nelle viscere degli edifici e non nutrano come le vipere una prole a sé contraria, fintanto che la connessura tra le pietre cedendo provochi crolli. Ripara anche il palazzo danneggiato ormai dalla lunga vecchiaia, con un efficiente restauro. E lo spazio che sta fra l’inizio della fonte ardente e il palazzo pubblico, liberalo dalla silvestre asperità. Rida la bella distesa della campagna, che è rigogliosa anche per la fertilità che porta l’acqua ardente (Lettere, II, 39).

Secondo Cassiodoro, “*talìa posteris non tradere hoc est graviter in longa aetate peccare*” (non tramandare ciò ai posteri è come peccare gravemente per lungo tempo). Le persone che lavorano o collaborano al Progetto Himetop appartengono alla medesima tradizione.

“Repairers of broken walls”. Ten years of Himetop - The History of Medicine Topographical Database

“Riparatori di brecce”. Dieci anni di Himetop - Il database topografico di storia della medicina

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This contribution gives a full account of the history, current state and possible future evolution of the Himetop Project. Himetop is a web 2.0 free access database (himetop.net), started in December 2007, aiming to collect worldwide photographic and bibliographic documentation about places and material memories related to the history of medicine and healthcare in general. After a preliminary discussion about the cultural importance of the tangible cultural heritage for the history of medicine, the Author presents the first achievements of Himetop Project, as well as the problems that still need solutions. Up to now, about 300 people have collaborated on the project with at least one new record. Most of them are students and graduates of the Campus Bio-Medico University in Rome, where the project has been based since its beginnings. Quite a large number of scholars from many different countries (such as United Kingdom, France, Russia, Rumania, United States, Portugal) have also collaborated. The number of database visitors and users has grown significantly, from about 7,000 in 2008 to about 80,000 in 2016, with an average of 488 records visited per day during the last year. Among the main goals for the next few years we have: to obtain dedicated funding from some European or international research scheme; to update the IT infrastructure, design and graphics; to further enhance synergies with similar or complementary high-quality projects.

Key words: Himetop Project, history of medicine, tangible cultural heritage, database, web 2.0

Questo contributo offre un resoconto completo della storia, dello stato attuale e del possibile sviluppo futuro del Progetto Himetop. Himetop è una base di dati ad accesso libero del tipo web 2.0 (himetop.net), creata nel dicembre 2007, che ambisce a raccogliere a livello mondiale documentazione fotografica e bibliografica su luoghi e memorie materiali legati alla storia della medicina e della sanità in genere. Dopo una discussione preliminare sull'importanza culturale dei beni culturali tangibili per la storia della medicina, l'Autore presenta i primi risultati del Progetto Himetop, così come i problemi che ancora richiedono una soluzione. Fino a ora, circa 300 persone hanno collaborato al progetto con almeno una nuova scheda. La maggior parte di loro sono studenti e laureati dell'Università Campus Bio-Medico di Roma, dove il progetto ha avuto base fin dal suo inizio. Anche un buon numero di studiosi da diverse parti del mondo (quali Regno Unito, Francia, Russia, Romania, Stati Uniti, Portogallo) ha collaborato. Il numero di utenti del database è cresciuto in modo significativo, da circa 7.000 nel 2008 a circa 80.000 nel 2016, con una media di 488 schede visualizzate ogni giorno durante l'ultimo anno. Tra gli obiettivi principali per i prossimi anni si segnalano: ottenere dei finanziamenti dedicati su qualche bando di ricerca europeo o internazionale; aggiornamento della struttura informatica, del design e della grafica; rafforzare ulteriormente le sinergie con progetti simili o complementari di alto livello qualitativo.

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Parole chiave: Progetto Himetop, storia della medicina, beni culturali tangibili, base di dati, web 2.0

*Your people will rebuild the ancient ruins
and will raise up the age-old foundations;
you will be called Repairer of Broken Walls,
Restorer of Streets with Dwellings.*

Isaiah 58,12

In front of an old monument, we are often detached or simply absent minded. Nurse Tribulation Periwinkle – the young protagonist of *Hospital Sketches* (1863) by Louisa May Alcott – looked ironically at a bronze monument in Washington and

meditated upon the perfection which Art had attained in America – having just passed a bronze statue of some hero, who looked like a black Methodist minister, in a cocked hat, above the waist, and a tipsy squire below; while his horse stood like an opera dancer, on one leg, in a high, but somewhat remarkable wind, which blew his mane one way and his massive tail the other (Alcott 1863, p. 30).

Probably, this was not the reaction the sculptor and promoters of the monument intended to obtain. But at least, there *was* a reaction! Quite often, a monument completely loses its meaning in the eyes of passers-by and becomes almost invisible to them. We find exactly this happening in the novel *The Unwanted* written by the world renowned heart surgeon Christiaan Barnard in 1975 (with the help of journalist and writer Siegfried Stander):

His eyes were drawn to the bronze bust that had guarded the entrance to the lecture room for God-knows-how-many years now. He wondered how many students, or lecturers for that matter, knew whom it represented. He had looked once, long ago, but for years he had passed by without sparing it as much as a glance. He looked attentively now at the empty eyes and the forward-thrust jaw. A plaque on the granite base informed the curious that this was James Redwood Collier, C.B.E., D.S.O., L.I.B., M.D., F.R.C.P., Hon. F.R.S.M., first Professor of Medicine at the university, 1920-1937. He had been top brass too, in his day. He had walked these corridors, demanding respect and filled with his own importance. And now all that was reduced to bronze. A bronze bust passed daily without a glance (Barnard and Stander 1976, p. 14).

The moral of this story is that you can pass daily, for years, a bronze or marble bust “without a glance”; then, one day you can look at it “attentively” and discover that it still has something to say, for good or for bad. But, in order to do so, it at least has to be there!

I was very pleased to learn that a museum for the history of public health was recently inaugurated in the Italian

Istituto Superiore di Sanità (National Institute of Health) ¹. It seemed to me a fair compensation for what I noticed just a few years ago during a visit to that historic institution: two busts of Louis Pasteur and Marie Curie abandoned in a cupboard among boxes and cleaning tools!

It is true: we are no longer in the late Nineteenth Century, when a *flood of monuments* filled Western cities to celebrate triumphs not only in the humanities, military or politics, but also in medicine, science and technology. Yet, a renewed sensibility toward these “material traces” seems to be emerging, bringing with it a new focus. We can find both scholarly publications (Campanini, Guarino and Lippi 2005, Jordanova 2000, Rüdiger and Schweizer 2015) and more popular ones in the field of cultural tourism (Barnett and Jay 2008, Black 2006, Lipp 1991, Regal and Nanut 2007). In my opinion, this renewed interest is indicative of difficult times, when there is an increased need for inspirational and positive models. And God knows how much biomedical research and healthcare in general need inspiration and models today – even from the past – besieged as they are by economic constraints, ethical dilemmas, and rampant irrationalism.

These fields are also suffering from their own internal difficulties (Le Fanu 2004). For example, there are difficulties arising from apparently stalemated medical battles, which only a few decades ago seemed about to be won, such as those against cancer, neurodegenerative diseases or the health emergencies of less developed countries.

Are “material memories” really so important?

I do not believe that knowledge of the past allows us to predict the future, as if the latter were inexorably forced to cyclically repeat the first. Thucydides wrote that “an exact knowledge of the past” can be “an aid to the interpretation of the future” (*History*, 1.1.22). An *interpretation* is not a *forecast*: it is more a way – a personal way – of facing something. By interpreting the future, I reshape myself in view of the things to come. By doing so, somehow I shape the future itself.

This is why, from the very beginning of the *Himetop* project, I chose as an epigraph for the website’s homepage this statement by the American pathologist William Henry Welch:

A summary of the past will have a tremendous effect on the future work in human health, life, and death (Flexner and Flexner 1941, p. 437).

Since then I have never found a better way to summarize the meaning of this project. Places and material memories – the *monuments* – along with the written word – the *documents*

¹ April 2017. See the official press release in <http://www.iss.it/pres/?lang=1&id=1767&tipo=1>.

– link us to a past that can be a strong positive stimulus to build the future.

Speaking of “a tremendous effect” could seem to be a classic bit of overstatement, if one did not know the role played by Welch, the first and decades-lasting President of the Rockefeller Institute for Medical Research ², in the development of American biomedical research (Flexner and Flexner 1941). Moreover, in his esteem for *history as an inspiration*, he was in perfect harmony with his close friend, Sir William Osler, the noble father of American medicine (Borghì 2006, Borghì 2009).

When my students (usually *after* passing the exam of History of Medicine!) send me a picture or a *selfie* in front of that marble *Rod of Asclepius* at the base of the Tiber Island in Rome discovered and described more than a century ago by Osler himself (Osler 1921, p. 50), I feel that statement perfectly fulfilled. Osler himself, when traveling, never neglected to directly approach the vestiges of that medical history that he loved to study in the old books of which he was an extraordinary collector:

Bologna honored its distinguished professors with magnificent tombs, sixteen or seventeen of which, in a wonderful state of preservation, may still be seen in the Civic Museum. That of Mundinus also exists – a sepulchral bas-relief on the wall of the Church of San Vitale at Bologna (Osler 1921, p. 106) ³ (Fig. 1).

I am also deeply convinced that direct contact with the material memories of the past can be a crucial element in making teaching more effective (Borghì 2013), and in giving new impetus and motivation to the day-by-day work of biomedical researchers, physicians or nurses. A visit to the Alexander Fleming lab (Fig. 2) or the Florence Nightingale museum in London, seeing *Monsieur Tan’s* brain at the Dupuytren Museum or the historical collection of the *Institut Pasteur* in Paris can surely do it.

One of the oldest hospital in the world still functioning today is the *Arcispedale di Santo Spirito in Sassia*, founded in Rome by Pope Innocent III in 1198. It is quite impressive to visit its medieval cloisters and renaissance monumental wards, especially if you know that its ER, in 2017, was ranked the best organized and functioning in the Italian capital (De Santis 2017)!

Himetop is here to contribute to creating this kind of experience. My greatest satisfaction is when former students or young doctors, planning a professional or leisure trip to a city of medical-historical interest, ask me what they should see while there. Just a few weeks ago one of them returned from Barcelona full of enthusiasm about his visit to the site



Figure 1.
Mondino de Liuzzi’s tomb, Bologna.



Figure 2.
Alexander Fleming’s laboratory, St Mary’s Hospital, London.

of the modernist *Hospital de la Santa Creu i Sant Pau*. His beautiful photographs have proved very useful for updating the corresponding record in *Himetop* (Fig. 3).

Paradoxically, the power of material memories is confirmed by the recent iconoclastic acts carried out by ISIL and driven by their pseudo-religious fanaticism (Bettetini 2016): every attempt of *damnatio memoriae*, the cancelling of the material memories of someone or something, is always an implicit recognition of the evocative power and strength of that memory!

But, let us see what *Himetop* is really about.

The origin, main features and current situation of the *Himetop* Project

As already said, my interest in medical and healthcare history grew hand by hand with an increasing persuasion of the great educational value – as sources of inspiration and

² From its foundation, in 1901, to 1933.

³ He refers to Mondino de Liuzzi (ca. 1270-1326), first professor of Anatomy in the University of Bologna. About Osler’s quest of the tomb of Pierre Louis in Paris, see: Borghì 2009, p. 589.



Figure 3.
The modernist site of the Hospital de la Santa Creu i Sant Pau, Barcelona.

motivation – of historic places or, more in general, of the material memories that link us to the Great History or simply to an interesting story.

I soon became aware that even when you can count on a large number of “traditional” sources – to say nothing of the internet – it is not always easy to locate where a monument, a birthplace or a tomb, actually is. For example, you can easily ascertain through literature that the tomb of Xavier Bichat (1771-1802), the genius founder of histology, is at the *Père Lachaise* cemetery in Paris. But if you want to find it among many tens of thousands of burial sites scattered over its forty-four hectares of land... well, the task turns out to be quite challenging⁴. Obviously, the less important or famous the person concerned, the greater the difficulty of finding the places related to her or him!

This is why, since its beginning in December 2007, the *Himetop* project has had a very simple focus: to help locate places or material memories related to the history of medicine and other health-related subjects. To locate places and monuments: this might seem a very modest historical research goal, but does it really make sense to talk so much about the importance of material memories if it is then so difficult to find them in practice?

The *Himetop* idea was to mix traditional search sources with new collaborative web tools to create a database as comprehensive as possible. Because “places” and “material memories” change and reshape over time and because of the project’s global reach, in principle, it is conceived as

a constantly work in progress (Borghi 2009, Glendinning 2013):

change is unavoidable, even in the most cherished places (Glendinning 2013, p. 1).

Himetop – *The History of Medicine Topographical Database* (himetop.net) is an open-access and collaboratively growing on-line database hosted by the Polish wiki hosting corporation Wikidot⁵ and operating according to 2.0 web logic. The name *Himetop* is an acronym (HIStory of MEDicine TOPographical database) but it also recalls anagrammatically the name of the Egyptian “Father of Medicine”, Imhotep (David 2007).

Each record or item in the database contains:

- a) original (or republished with due permission) photographic material;
- b) a more or less detailed description of the item and its history;
- c) whenever possible, an appropriate bibliography;
- d) always, a geolocation link to a Google Map, specifically created for *Himetop* and dedicated to the medical memories in a specific geographical area (a town, province or nation)⁶.

The members of this virtual community can improve, update or comment on an existing record, always and easily. Everyone, provided they create an account on the platform, can collaborate by adding new items or improving the existing ones. Every change made to a single record remains traceable in the “history” section.

Up to now, about 300 people have collaborated on the project with at least one new record. Most of them are students and graduates of the Campus Bio-Medico University in Rome, where the project has been based since its beginnings. Quite a large number of scholars from many different countries (such as United Kingdom, France, Russia, Rumania, United States, Portugal) have also collaborated.

The number of database visitors and users has grown significantly, from about 7,000 in 2008 to about 80,000 in 2016, with an average of 488 records visited per day during the last year⁷. A typical map showing the geographic provenance of visitors to the database can be seen in Figure 4.

Unless otherwise stated in a specific record, the contents of *Himetop* pages (photos and text) are licensed under the *Creative Commons Attribution-ShareAlike 3.0 License*. This means that everyone can copy and redistribute *Himetop* material in any medium or format for any purpose, even commercially, provided he/she gives appropriate credit⁸,

⁴ Even if the inscription on Bichat’s tomb is almost illegible today, since 2014 you can easily find it through *Himetop* (<http://himetop.wikidot.com/xavier-bichat-tomb>). On the other hand, for example, you still cannot find it on the *Père-Lachaise* cemetery virtual tour (www.pere-lachaise.com) which specifically deals with the tombs of famous people buried in the cemetery (last accessed: 12 May 2017).

⁵ <http://www.wikidot.com>.

⁶ We currently (May 2017) use 120 *Himetop*-related Google Maps.

⁷ From december 1, 2016, to november 30, 2017. *Himetop* statistics are constantly monitored through statcounter.com.

⁸ An appreciated format is “Photo/s by [Author’s name as stated in



Figure 4.
48 hours visitors Map, 13-15 May 2017.

provides a link to the license, and indicates if changes were made ⁹.

Due to its Creative Commons License, reuse of *Himetop* material on-line or in print is almost out of control. Nonetheless, one can easily check out its presence on other web 2.0 projects such as Wikipedia, Commons, Pinterest or Facebook through their respective “Search” buttons ¹⁰.

In addition, some authors ask for permission before using photos and data from *Himetop* in their publication or websites. For example, in recent years, *Himetop* photographic material has been published in articles or books about people as diverse as they can be: Bartolomeo Eustachi, Pierre Jean Georges Cabanis, Godfrey Hounsfield, Saint Catherine of Genoa, to name only a few ¹¹.

About 2200 items are currently divided in 25 categories, which are:

1. Anatomical specimens
2. Anatomical theatres
3. Baths and Spas
4. Birthplaces
5. Bookshops (specialized in the history of medicine)
6. Botanical gardens
7. Consulting rooms or offices
8. Dispensaries
9. Drugs, Cases and Packaging (preserved in a specific Museum or collection)
10. Experimental tools
11. Homes
12. Hospitals
13. Laboratories and Research Institutes
14. Libraries (relevant for the history of medicine and health)
15. Medical and Nursing Schools
16. Medical Societies
17. Medical and Nursing instruments
18. Monuments
19. Museums (specialized or with sections relevant for our subject)
20. Operating rooms
21. Pictures (paintings, drawings or photographs of special value)
22. Pharmacies
23. Religious buildings (specifically connected with the history of medicine or health)

the record] for Himetop – The History of Medicine Topographical Database (himetop.net)”.

⁹ See: <https://creativecommons.org/licenses/by-sa/3.0/> (last accessed: 13 May 2017).

¹⁰ Since 2013, a Facebook public group named “Himetop – The History of Medicine Topographical Database” offers updates to all stakeholders about the latest developments in the project.

¹¹ A partial list of such references can be found in <http://himetop.wikidot.com/publications-and-websites-with-references-to-himetop>.

Table I.
Number of records in each category

CATEGORIES	Anatomical specimens	Anatomical theatres	Baths and Spas	Birth-places	Book-shops	Botanical gardens	Consulting rooms or offices	Dispensaries	Drugs, cases and packaging	Experimental tools	Homes	Hospitals
Number of items	17	13	10	77	2	5	7	9	10	7	178	256
Laboratories and research institutes	Libraries	Medical and nursing schools	Medical societies	Medical and nursing instruments	Monuments	Museums	Operating rooms	Pictures	Pharmacies	Religious buildings	Tombs	Other
42	16	43	20	91	761	90	6	144	14	43	272	70

24. Tombs

25. Other (miscellaneous kinds of places and objects not included in the previous categories).

See Table I for the detailed number of records currently contained in each category.

Material on *Himeto*p comes from 37 countries and refers to over 900 people.

About 60% of the items are from Italy, and about 10% from the United Kingdom and 10% from France. As one can easily appreciate, many countries and geographical regions remain substantially uncharted (see Table II).

Research results, some critical points and main goals for the next decade

Table II.
Number of records from each Country

Italy	1250	Peru	7
United Kingdom	235	Czech Republic	4
France	199	Denmark	4
Austria	100	Israel	4
United States	97	Malta	4
Spain	75	Romania	4
Belgium	72	South Africa	3
Canada	21	Thailand	3
Germany	18	Argentina	2
Brazil	14	Cuba	2
Greece	12	Finland	2
Switzerland	12	Iran	2
Portugal	10	Poland	2
Sweden	10	Estonia	1
Hungary	8	Japan	1
Russia	8	Mexico	1
China	8	South Korea	1
Netherlands	7	Ukraine	1

Now, I would like to highlight what seem to be a) the best results achieved by *Himeto*p to date, along with b) its main persisting critical elements, and c) the main goals worthy of being pursued over the next ten years.

Research results

Apart from the obvious primary function of *Himeto*p – full web accessibility of collected material and its free reuse at every level (for study, research, cultural tourism etc.) – are there other research results worth being highlighted?

The primary goal of “locating” material memories has been achieved, more or less extensively, and can be used in different ways and for different research interests. You can explore places and memories related to:

- a) a single person (e.g. Florence Nightingale) from birthplace to tomb, passing through the institutions attended or founded, the houses inhabited and beyond (monuments, portraits, memorabilia etc.);
- b) a specific subject (e.g. psychiatry or surgery);
- c) the medical and health history of a town or of a geographical area (e.g. Florence or Tuscany), starting from the specific page or the related Google Map.

*Himeto*p provides food for thought for evaluating how much, a certain city, a certain institution, a certain discipline, has been able to remember, respect and valorize its material medical and health heritage. Some examples can make this aspect clearer. Through *Himeto*p records, one can easily verify that a town like Salerno, the cradle of the momentous *Schola Medica Salernitana*, had traditionally retained very few visible traces of its glorious past, but in recent years has been trying to recover lost time.

On a completely different level, we can see that London, while exemplary in many respects (e.g. the Blue Plaques initiative or the number and quality of its specialized medical museums)¹², displays obvious weaknesses in the preservation

¹² The group *London Museums of Health and Medicine* lists 25 specialized museums. See: <http://medicalmuseums.org/> (last accessed: 30 May 2017).



Figure 5.
The last Victorian building at Great Ormond Street Hospital, London.

of its historic hospitals. Just think of the recent demolition (2008) of the 18th century Middlesex Hospital (and of the popular pressure to ensure at least the conservation and restoration of the hospital chapel, now the only surviving element)¹³ or the planned demolition (2019) of the last remaining Victorian building of the Great Ormond Street Hospital (Fig. 5)¹⁴, the first pediatric hospital of England and one of the world's leading institutions for children's diseases (Borghì 2017a).

Himetop records can favor a quick comparison between similar realities in order to discover unexpected connections, unnoticed influences, evolution, and so on. For example, they revealed that a relevant portion of Laennec's iconography derives from a miniature portrait representing the French painter Anne-Louis Girodet (1767-1824) but erroneously

identified as the Breton physician, inventor of the stethoscope¹⁵. *Himetop* records could likewise contribute to establishing the correct chronological relationship between the two most relevant portraits of Leopold Auenbrugger, one at the Rizzoli Hospital in Bologna (the original, in my opinion) and the other at the *Josephinum* in Vienna (the copy) (Borghì 2017b).

Furthermore, the records in the database promote the efforts to save from oblivion or cancellation different kind of material memories. For example, the tomb of pioneer surgeon Thomas Spencer Wells (very hard to find in an old London's cemetery) (Fig. 6)¹⁶, or the almost illegible ancient memorial tablet remembering the writing of the famous treatise *De Aure Humana Tractatus* by Antonio Maria Valsalva, in a ruined little church of Bologna's countryside¹⁷.

In some cases, a single record can account for the different phases of existence of a place or object over the years. For example, in 2006 the old marble plaque remembering the invention of the stethoscope by René Laennec still hung on the external wall of a 19th century pavilion of the *Hôpital Necker-Enfants Malades* in Paris. A few years ago that pavilion was demolished to make room for the new hospital. The historic plaque is now preserved inside the new information office of the hospital¹⁸.

The *Himetop* project also gave rise to a specialized section in the library of the University Campus Bio-Medico that currently hosts more than 400 monographs about historic hospitals, museums, monuments etc.

Finally, up to now *Himetop* has been defined as a low-cost project, the only current expenses being the work of the coordinator and some research trips that were financed over the years by the promoting University, while most of the database contents and the specialized section of the library were created through voluntary contributions of time and money. The maintenance of the database by Wikidot hosting service costs only a few euros a year.

Some critical points

After almost a decade's experience, I think it is necessary to highlight honestly certain weaknesses and a few problems not yet adequately solved. Hopefully, they are just typical *ad-olescence problems* of this otherwise very promising project.

Even though *Himetop* has been thought out from the beginning as a participatory project, the stable involvement of collaborators, especially from countries other than Italy, has so far proved to be quite limited. While, as already noted, a good number of people from around the world provide photos and historical information about new places, only oc-

¹³ See *The Fitzrovia Chapel* official website: fitzroviachapel.org (last accessed: 18 May 2017).

¹⁴ Personal communication to the author by Nick Baldwin, Architect of the Great Ormond Street NHS Foundation Trust. See also: <http://www.gosh.nhs.uk/about-us/redevelopment> (last accessed: 18 May 2017).

¹⁵ See himetop.wikidot.com/rene-laennec-s-false-portrait.

¹⁶ See himetop.wikidot.com/thomas-spencer-wells-tomb.

¹⁷ See himetop.wikidot.com/Valsalva-s-de-aure-memorial-tablet.

¹⁸ See himetop.wikidot.com/rene-laennec-s-memorial-tablet.



Figure 6.
Thomas Spencer Wells' tomb, Brompton Cemetery, London.

asionally have they created new records, as if the technical aspect was perceived as too difficult or time-consuming¹⁹.

In addition, a work largely based on free volunteer engagement leads sometimes to the inclusion of non-professional or low-quality photos or texts.

The initial choice of creating the database in English – largely positive and fruitful – sometimes conflicts with the difficulty for non-native speakers to write correctly in that language. Even if grammatical or lexical corrections are, in principle, very simple to report or make on a collaborative text, they remain quite rare to date.

Lastly, as we already said, places and monuments related to health history by nature change quickly. Just think of “the constantly fluctuating relationship between conservation and new architecture” (Glendinning 2013, p. 3) in old hospitals. Consequently, it is not at all easy to give a proper account of such changes and transformations: the updating of existing records in the database is a constant challenge.

Main goals for the next decade

Quite obviously, a crucial factor for the development of this project would be substantial funding related to some national, European or international research scheme. Depending on its extension, it would allow a number of researchers in different geographic areas to systematically explore their territory in order to locate and photograph as many relevant sites and memories as possible.

It is not hard to predict that, without losing the flexibility and freedom of a 2.0 collaborative project, if *Himetop* could rely on the systematic work of a few people, it could easily aim to increase its size in a few years. Many relevant countries for the history of medicine and health such as Germany,

the Netherlands, Switzerland, China, India or the United States, have still not received the systematic attention needed in order to include in our database the largest and most important part of their health-related material memories. Many sites already identified as desirable additions to the database can be checked on a specific Google Map named “*Himetop* Next Goals (not Italy)”²⁰.

Another goal is to bring the project to a more professional level with regard to IT infrastructure, design, graphics etc. A specifically designed application for accessing the *Himetop* database from smartphones and other portable devices would be useful to make it easier and more user-friendly. This is one of the objectives that the project has had since its inception: to be a kind of virtual guide for anyone desiring to explore the historical-medical memorabilia of a specific town or area of the world (Anonymous 2009). Other developments could arise from the so-called Internet of Things.

The already referred-to library section, specializing in the material memories of medical and health history, should greatly increase its holding, in order to become a point of reference for scholars from all over the world interested in this kind of research.

Since its inception, *Himetop* has been more interested in becoming a hub than a final access point for information. This is why, wherever possible, we have always tried to report and create links to official websites or to more detailed and in-depth descriptions of the identified material memories. Therefore, our growth goals cannot fail to further enhance synergies with similar or complementary high-quality projects. Some of the contributions in this issue are first-hand testimonies of this attempt. Other synergies with projects like “*Medicine & the Muse*” at the Stanford Center for Biomedical Ethics²¹, or “*Cabinet*” at Oxford University²², are under way.

Conclusions

Edith Stein, recalling in her autobiography her years of study in Göttingen with Edmund Husserl, recorded this detail:

The commemorative plaques found on nearly every one of the older houses had a special attraction for me: they told of famous persons who had formerly lived there. So, along every step of the way, one is reminded of the past: the Brothers Grimm, the physicists Gauss and Weber, and the others (...) who once lived or worked here are constantly brought to the attention of successive generations (Stein 1986, p. 242).

¹⁹ See the “How to add a new item” page in order to make up your own mind about this problem: <http://himetop.wikidot.com/how-to-add-a-new-item>.

²⁰ A similar map “*Himetop* Next Goals (Italy only)” deals with “desirable additions” from Italy.

²¹ It already links to *Himetop*: med.stanford.edu/medicineandthemuse/ProgramLinks/DirectoryOnlineContent.html (last accessed: 25 May 2017).

²² See: cabinetproject.org (last accessed: 25 May 2017).

Perhaps it is presumptuous to compare *Himetop* with the biblical *Repairers of Broken Walls* (Isaiah 58, 12). But certainly, people who actively collaborate with – or at least follow with interest – the *Himetop* project have this aspiration: to have the material traces of our medical and health history better known, mapped, defended and enhanced; sometimes, as frequently as possible, even repaired, restored, (re-)opened to the public!

The hope is that, in the years to come, new institutions and new researchers, will decide to join this research project to help map the still too many “uncharted provinces” of the planet.

We have to take care of our cultural heritage, of the material memories from the past, because they constantly shape our identity, and because identity is necessary to shape the future. Therefore, the caring of the past is an essential contribution to a better future. This is why we have to know the past, preserve it and love it. Chesterton said:

Men did not love Rome because she was great. She was great because they had loved her (Chesterton 1909, p. 123).

Acknowledgements

I want to thank the many students who started to work for *Himetop* as a part of their academic requirements but then continued their collaboration freely and without any recompense²³. The same goes for many colleagues in my Institute (FAST), at the University Campus Bio-Medico and in many other universities and institutions all over the world. They have helped and encouraged me, beyond all reasonable expectation!

Note: all the images in this paper come from Himetop project. All the images were provided by Luca Borghi, except n. 3 by Eugenio Giannarelli.

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²³ Some of their names and photos are in this special section of *Himetop*: <http://himetop.wikidot.com/himetop-collaborators>.

Interdisciplinary study on the role and the evolution of anatomical theatres in the modern era: the first results of the THESA Project

Uno studio interdisciplinare sul ruolo e l'evoluzione dei teatri anatomici nell'era moderna: primi risultati del Progetto THESA

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Background. The THESA Project (Theatre Science Anatomy) aims to focus on anatomical theatres, their role played in the history of medicine, in the evolution of modern scientific thought and in a wider social and cultural context. THESA main purpose is to conduct a comprehensive census of anatomical theatres, both extant and not, that have been active between the sixteenth and mid-twentieth centuries.

Materials and methods. The first phase of the research consists in a bibliographic and archival study of anatomical theatres, as documented in various forms of literature. A second phase of research will seek to understand what projects were actually carried out. Then a precise chronological classification will offer a panoramic overview on the development of these highly specific buildings, historically contextualised in a precise, defined milieu. The last phase of the research will consist in the intelligent and constructive synthesis of the results of research, as well as of onsite studies, in order to find unexplored connections among different anatomical theatres.

Results. The first phase has now ended. Around 50 anatomical theatres have been traced in archival studies and in bibliographic research.

Conclusion. We believe the achievement of these objectives defines the essential conditions necessary to regain full awareness of the value of anatomical theatres, and plan for new initiatives that can continue the quest for knowledge undertaken in these places in the past centuries.

Key words: THESA Project, anatomical theatres, census, history of medicine

Premessa. Il Progetto THESA (Theatre Science Anatomy) è finalizzato a studiare i teatri anatomici, il ruolo svolto nella storia della medicina, nell'evoluzione del pensiero scientifico moderno e nel più generale contesto sociale e culturale. Ha come scopo principale realizzare un completo censimento dei teatri anatomici, ancora esistenti e non, che sono stati attivi tra il XVI e il XX secolo.

Materiali e metodi. La prima fase della ricerca consiste in uno studio bibliografico e archivistico dei teatri anatomici documentati in varie forme di letteratura. Una seconda fase di ricerca cercherà di capire quali progetti sono stati effettivamente realizzati. Successivamente, una precisa classificazione cronologica consentirà una panoramica sullo sviluppo di questi edifici, e di contestualizzarli storicamente in modo preciso e definito. L'ultima fase consisterà nella sintesi intelligente e costruttiva dei risultati della ricerca, così come degli studi svolti in sito, alla ricerca di connessioni inesplorate tra diversi teatri anatomici.

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Risultati. *La prima fase si è conclusa. Circa 50 teatri anatomici sono stati censiti in studi archivistici e nella ricerca bibliografica.*

Conclusioni. *Riteniamo che queste siano le premesse indispensabili per fare riacquisire piena coscienza del valore di questi luoghi, e per favorire la nascita di iniziative atte a rinnovare il percorso conoscitivo che vi si era intrapreso nei secoli passati.*

Parole chiave: *Progetto THESA, teatri anatomici, censimento, storia della medicina*

Introduction

This article aims to offer a survey on the evolution of anatomical theatres and to suggest some possible entry points to see the evolution of these particular architectural sites, pivotal for the development of modern and contemporary medicine.

Architectural sites linked to medicine represent a particularly fascinating source for what concerns the history of medicine. They offer an interdisciplinary perspective particularly rewarding, if it is true that the scenarios within which health care is developed are closely related to the more general context of society. These venues represent crossroads towards which many disciplines converge: history of medicine, sociology, religion studies, economics, architecture and history of art, among the most evident. Italian historians have always been able to contribute to the development of knowledge in this field of research and they marked important steps in gathering information. Let's just consider for example the first European Congress of Hospital History, organized by CISO (Italian Center of Hospital History), in 1960 in Reggio Emilia (Nasalli Rocca 1962).

How to keep trace of all the locations that played a crucial role in the development of medicine, how to link them, how to see their dialogue? It's always been a challenge. A great contribution to this ideal "map of medicine" is "Him-top. The History of Medicine Topographical Database" (himetop.net), a web project aimed at mapping geographically medical venues of the past (Borghi 2009).

The evolution of scientific knowledge necessarily affects the places where it is applied. The study of hospital architecture is certainly the most exceptional example. The wide hospital pavilions, useful in the 19th century, for technical-scientific knowledge of the period, today are overcome. The development of such cultural heritage is hard to manage. They are buildings destined to be demolished for making room to new builds, or to be re-used with adhibitions far from those for which they were erected. In these places it will no longer be possible to perceive the historical route, if not in a sterile manner.

However, there are architectural places that even today, centuries later, are able to keep unchanged their intrinsic function: anatomical theatres.

During Enlightenment, hospitals were defined as "machine à guérir". We could define the anatomical theatres "machine à regarder l'Homme". These temples of knowl-

edge made possible the advancement of medical knowledge and fostered scientific thought. Their architectural shapes were directly dependent on their functions: primarily venues to see well dissections. From temporary structures, risen during the 15th century they acquired a permanent dimension.

Human anatomy dissection: a cornerstone in the evolution of medicine and modern scientific thought

Human anatomy dissection represented a cornerstone in the evolution of medicine and modern scientific thought. Anatomical theatres – theatres where human dissections were performed – were built only in the late 16th century in different European cities, although their origin traces back to the 14th century when an important shift occurred.

At the beginning, the study of the body was conducted through the dissection of animals, not of human corpses, and through a commentary on the works of those who are considered founders of the discipline: in particular, Aristotle, Hippocrates and Galen.

Until the Middle Ages the anatomical texts of Galen and Hippocrates were studied in a dogmatic way. Knowledge about the structure and functioning of the human body derived from books, copied and passed from generation to generation: these writings were considered immutable and never questioned. At the beginning of the 14th century the growing universities (Bologna, founded in 1088; Padua in 1222; Messina in 1224) determined a new vision of knowledge. Mondino de' Liuzzi, a Bolognese anatomist, was the first to introduce the practice of dissection into the curriculum of medical studies in 1300 as a means of verifying texts studied during human anatomy lessons (Malomo, Idowu and Osuagwu 2006).

His original approach allowed him to write the book *Anothomia* in 1316, a truly revolutionary book for what concerns medical knowledge. The dissection on humans was a fundamental step in the history of science because it questioned the dogmatic nature of medical knowledge, and completely subverted the traditional iconography and knowledge of the human body: observation became crucial. Following the growth of dissections and the need of a proper place to perform them anatomical theatres were constructed.

Permanent anatomical theatres and the pivotal role of anatomist in its realization

Architecturally designed and conceived specially to facilitate the demonstration of animals at first, than humans, anatomical theatres are firstly mentioned in 1502 by Alessandro Benedetti. An anatomist and a humanist living in Padua, Benedetti defined the nature, structure and functioning of anatomical theatres in these words:

To this end a large space is required, which must be very well ventilated, and inside which a temporary theatre must be erected, with seats arranged in a circle (of the kind visible in Rome and Verona). The space must be large enough to contain the number of spectators and to prevent the crowd from disturbing the surgeons performing the dissections. They must be skillful, having already completed several dissections. The seats must be assigned according to rank. For this purpose, there will be only one overseer who will monitor and be available to all the spectators. There will need to be several custodians to keep away intruders attempting to enter, and two trusted treasurers who with the money collected will procure all necessary materials. For the dissection, these include razors, knives, hooks, drills and gimlets (the Greeks called them 'chenicia'), sponges with which to rapidly clear the blood during the dissection, scissors and basins; torches which must be kept ready in case darkness supervenes (Benedetti 1998).

The first permanent theatre was built in 1594 in Padua and inaugurated in early 1595: it is still perfectly preserved¹. The structure was probably conceived by Paolo Sarpi, scientist and church reformer, and by Hieronymus Fabricius ab Aquapendente, anatomist (Rippa Bonati 1989). Since then many other theatres were built, most of them between the 18th and 19th centuries, in cities with universities and hospitals, especially following the development of Positivism.

Anatomical theatres are not a uniquely Italian phenomenon; they developed following various research threads in different parts of Europe, but were probably linked to one other. Professors were indeed traveling among universities and definitely contributed to the sharing of ideas. This is evident if we just simply look at the shapes of them, the theatres of Leyden and Uppsala remind of the one in Padua. Leyden had its theatre in 1597 following the initiative of Professor Peter Pauw, who felt the need for one after studying in Padua with Fabricius. The theatre of Uppsala (built in 1662) also reminds of that of Padua. The Barber-Surgeons anatomical theatre in London was built in 1636 by Inigo Jones, the famous architect that worked for the English court (Brockbank

1968). Jones had the possibility to meet and study classical Italian art when he undertook the *Grand Tour* (the first travel in Italy between 1598 and 1603; the second between 1613 and 1614) (Worsley 2007).

Anatomical theatres also developed in France, following the early rise of medical schools in Paris and Montpellier in the Middle Ages.

Could the fervent atmosphere of exchange and collaboration that characterizes the spread of medicine in Europe create a network of anatomical theatres?

The structures of theatres could vary in accordance to the different methods of teaching anatomy in use in the different universities. There are, for example, two methods: the Vesalius method, that is focusing on a single point – professor and dissector in a single person –, and the Mondinus method, with a difference between the professor who is reading and the sector actually performing the dissection (Premuda 1993, Carlino 1999). Anatomists had a pivotal role in the establishment of anatomical theatres: using their knowledge in the research process, they helped in the definition of more functional architectures for demonstrative and experimental science.

On this regard, Antonio Scarpa (1752-1832) was an emblematic figure: he studied anatomy at the University of Padua in the oldest permanent anatomical theatre of the world, and, in 1772, Scarpa became professor at the University of Modena. Considering the architectural value of the theatre in Padua, in 1774 Scarpa invited, in the planning for the construction of the anatomical theatre in Modena, the professor of surgery of Padua, Girolamo Vandelli. He indeed asked him to send a wooden model of the theatre there.

Eventually another project, less expensive, was selected (Corradini 2015). Later, in 1783 Scarpa became professor of anatomy at the University of Pavia. In 1785 he opened the new anatomical theatre there (Belloni 1970). The semi-circular layout of the building clearly reminds of the Padua one.

The diffusion of theatres continued during the 19th century and their construction continued to be influenced by anatomists. In 1788 Sebastiano Bianchi was appointed anatomy professor in Catania and one of his major enterprises was the actual building of an Anatomical Theatre, at that time non-existent, which was built at the expense of the University, in the San Marco Hospital (it opened on April 29, 1800) (Zappalà 1834). In 1832 in Campobasso, thanks to physician Michelangelo Ziccardi (1802-1845), a theatre was designed, also to avoid the performance of medical autopsies in the streets or churches (De Rubertis 1845).

In Padua, at the entrance of the anatomical theatre a Latin inscription reads: "*Hic est locus ubi mors gaudet succurrere vitae*" ("*This is the place where death is pleased to help life*"), stressing that the study of corpses can help life, through fostering anatomical knowledge, which can then be applied to medical practice. Anatomical theatres saw their rise especially during the Humanism, with its typical anthropocentrism:

¹ It replaced a previous theatre, which, as mentioned in the memoirs of Germanic Natio, had been conceived a decade earlier as a permanent structure itself (Gamba 1986).

they represent a conjunction between the renewal of humanistic doctrines and the scientific method. The dissections that took place within their walls combined cultural, philosophical, and medical experiences. It was an artistic experience too, for the great painters and sculptors who would represent the human perfection in their masterpieces (Kennedy 1992, Casali 2012).

Anatomical theatres belong to cultural heritage from a number of perspectives, from the architectural and artistic to the scientific and anthropological (for the rituals practiced in them and for the science-religion relationship). On the one hand, anatomical theatres are part of the history of anatomy and medicine, they keep trace of the development of medical schools from their early beginnings to current times and to the evolution of scientific thought. On the other hand, they retain an undisputed artistic and architectural value, which is neither secondary to nor independent of their scientific function, but rather complementary to the activities for which the theatres were created. Moreover, anatomical theatres can be valued as crossroads for public, civic and religious authorities that gathered with the occasion of dissections, symbolizing the presence of universities in their urban contexts.

Anatomical theatres, today

Over time, due to dissections being moved to more modern buildings, often already part of hospitals, anatomical theatres lost value as “performative” spaces, acquiring instead the characteristics of historical venues.

Scientific-technological progress led the anatomists to abandon the anatomical theatres to devote themselves to the microscopic anatomy, considered more stimulating and fruitful than their macroscopic counterpart. Finally, the significant increase in the number of medical students has clearly made more complicated the public dissections for organizational reasons. The sector tables surrounded by students left the stage to frontal instruction (Rehkämper 2016). The separation in the practice of field anatomy from surgical practice has, however, allowed the emergence of new kinds of buildings: surgical theatres where not anatomy, but rather surgical operations were shown.

Only a few of the most important Italian anatomical theatres have survived and are recognized today as crucial to our heritage, like those in Padua, Bologna, Ferrara and Pavia. Others survived over time but definitely have not yet received much attention, like the ones in Pistoia, Lucca and Modena (the latter is now under renovation). Still others have disappeared, leaving only a few documents to witness their existence and their possible history, such as the theatre in Florence, with artworks of Gioacchino Masselli and Santi Pacini (Covoni Girolami 1783).

Anatomical theatres, has been highlighted, have been researched in individual terms, as in the cases of Padua

(Semenzato, Ripa Bonati, Dal Piaz 1994) or Bologna (Mascardi 2010), but no comprehensive study has been dedicated to their ensemble. We just have occasional references in medical journals or general publications. The first research that focused on different theatres was a study conducted by William Brockbank (Brockbank 1968), which has just some paragraphs for each city. A defined, inclusive chronology that also studies the ones that disappeared, or were given another function, has never been published.

The THESA Project: an interdisciplinary study of anatomical theatres

Today, most of the anatomical theatres are lost or forgotten. The THESA Project (THESA meaning THEatre Science Anatomy) was born in September 2016 and, as the name clearly suggests, it aims to focus on anatomical theatres, their roles in the history of medicine, in the evolution of modern scientific thought, and in a wider context. Its first ambition is to make a comprehensive census of Italian anatomical theatres, both extant and not, that have been active between the sixteenth and mid-20th centuries. The first phase of the research consists in a bibliographic and archival study of anatomical theatres, as documented in various forms of literature (city archives, students documents, city chronicles, travel diaries etc.). This will be followed by a second phase of research that will seek to understand what projects were actually made, and what the characteristics of anatomical theatres are. The THESA research wants to include all those sites that originally had an anatomical table placed in front of or at the center of an audience. These two distinctive features have to be considered fundamental. It is therefore excluded from research, for example, all the dissection rooms in many institutes of normal anatomy, pathological anatomy and legal medicine that do not provide any place for the public.

Next, a precise chronological classification will be carried out: an attentive study on the existing documents will offer a panoramic overview on the development of these highly specific buildings, historically contextualised in a precise, defined *milieu*. Once the general historical framework is defined, it would be important to research longer on the sources concerning the construction of each theatre. As already mentioned, the study of the archives of the cities, city chronicles, diaries of the students, laws, travellers diaries can also be investigated to point out/the social, cultural role and functioning of anatomical theatres. Once the identification and the census will be completed, we shall be able to answer the following questions:

- year of construction;
- from whom they were commissioned, what architects were involved;
- the pivotal role of anatomist in its realization;
- property;

- the specificities of the cities/universities in which they grew;
- the specificities of the location;
- construction details;
- artistic and architectural features, an art historical dimension that considers the architectural, sculptural and pictorial values;
- period of activity (until when were they used as anatomical theatres);
- what other functions, scientific or social, have played in their existence;
- current state of the structure.

The crossing of information will definitely reveal unexplored connections among different anatomical theatres, as well as the dialogues and movements of anatomists.

The last phase of the research will consist in the intelligent and constructive synthesis of the results of bibliographic and archival research, as well as on site studies.

Given the extension of the project, initially the research will be restricted to anatomical theatres in Italy, where there has been a tremendous development from early modern times to the present. The second stage of the study will focus on European theatres, including both those that have survived or been transformed to serve a different purpose, and those which have disappeared. The third stage will be devoted to theatres outside Europe. Ultimately, we will be able to make a definitive census of anatomical theatres which for more than four centuries have been the symbol of the progress of medicine, and which encompass the quest for knowledge of the human body, from a medical, philosophical and artistic perspective.

We believe that the achievement of these objectives defines the essential conditions necessary to regain full awareness of the value of anatomical theatres in both the academic and popular contexts, thus creating a fertile cultural basis for new initiatives that can continue the quest for knowledge undertaken in the past in these places. From an architectural and evocative perspective, they are and will remain places where man puts himself at the centre and at the same time observes himself: this peculiarity makes anatomical theatres extremely versatile and suitable not only for scientific initiatives, but for artistic ones, because they always have been spaces where art and science commingle.

For example *Les Gares*, a contemporary art project launched in 2014, aims to involve several European anatomical theatres. Following the knowledge of cultural spaces and cultural events, various artists were invited from time to time to think and realize a site-specific project for the theatre environment, describing first their work through an initial conference designed to illustrate the reasons and forms of exposure (Ianeselli 2016).

Such an ambitious and interdisciplinary project can only be carried out by a heterogeneous group of researchers with expertise in many different fields: history of medicine, history of the university, philosophy of science, arts, architecture,

cultural heritage, to say nothing of the correlation between the anatomical theatres and the history of dramatic theatre.

THESA Project: the current state of the art and future perspectives

To the present, around 50 anatomical theatres have been traced in archival studies and in bibliographic research (Tab. I). Currently, the THESA research group is developing an in-depth study that will allow to understand which of the theatres were in use, how were they constructed and which patterns (if so) they presented.

Bibliographic and archival research has already provided significant results in these terms: for example, the plans of Parma's anatomical theatre have been found. Its existence had been forgotten after its demolition for urban needs (Archivio di Stato di Parma 1858). By studying the maps we can imagine its forms. We can also figure how the interiors were, thanks to some paintings representing the physics and chemistry theatres interiors which were made in the same period, so we can assume they were quite similar to the anatomical theatre ones (Dall'Acqua 1997).

Equally important has been the finding in the State Archives of Vercelli of the plans of the anatomical theatre of the former hospital of Sant'Andrea in the same city (Archivio di Stato di Vercelli 1832). In fact, the ancient hospital of the city is subject of a requalification project and the research on its anatomical theatre could allow a more in depth conscious reconstruction of the environments occupied by that structure.

A precise chronological study could also help to understand the socio-political events that led to the development of the anatomical theatre, along with the anatomists who participated in the design and were directly involved in it.

From an initial analysis it can be assessed that most of the anatomical theatres were built between the 17th and the first half of the 19th century. Their distribution on the territory was conditioned by the political events of pre-unitary Italy, fragmented into many small States.

During the 18th century many governmental authorities demonstrated Enlightenment influences by contributing to the foundation of various university structures such as botanical gardens, museums and anatomical theatres. For example, anatomical theatres were inaugurated in Turin by the will of Vittorio Amedeo II and his successor Carlo Emanuele III, in Modena thanks to Francesco III d'Este, in the 1770s, and in Pavia where Joseph II of Habsburg, with his enlightened despotism, attempted to re-propose at the end of the century the reforms adopted a few years earlier in Vienna (Zocchi 2005, Cani 2015).

Extended States tend to create "cultural peripheries": places of knowledge and anatomical theatres are focused on the major cities. This is the case of the Kingdom of Naples, with the exception of Sicily that has many anatomical theatres.

Table I.
Anatomical and operating theatres so far enumerated by the THESA Project.

REGION	CITY	Anatomical theatres		Operating theatres	
		D	E	D	E
PIEDMONT	Turin	2			
	Vercelli	1			
LOMBARDY	Mantua	1	1		
	Milan	1			
	Pavia	1	1		
VENETO	Padua	2	2		
	Venice	1	1 *	1	
	Verona	1			
LIGURIA	Genoa	1			
EMILIA- ROMAGNA	Bologna	4	1	1	
	Ferrara	1	1		
	Modena	2	1		
	Parma	2	1	1	1 *
TUSCANY	Carrara	1	1 *		
	Lucca	1	1		
	Florence	1			
	Pisa	1			
	Pistoia	1	1		
	Siena	2	1		
UMBRIA	Perugia	3			
LAZIO	Rome	5	1 + 1 *		
ABRUZZO	L'Aquila	1			
	Sulmona	1			
MOLISE	Campobasso	2			
CAMPANIA	Naples	4		1	1
SICILY	Catania	2	1 + 1 *		
	Messina	1			
	Modica	1	1		
	Palermo	2			
SARDINIA	Cagliari	4	1	1	1
	Sassari	1			
<i>Total</i>		54	15 + 4 *	5	2 + 1 *

D: Theatres documented by bibliographic and archival evidences; E: Theatres still extant, as verified by THESA group at the present; *: Theatres that have strongly changed their original features.

The Roman Catholic Church, in 1824, published *Quod divina sapientia*. This bull of Pope Leone XII established that the state's primary universities, Rome and Bologna, were the only ones where to obtain the degree that allowed access to professional colleges and therefore to university education. Consequently, excluding the cities mentioned above, the anatomical theatres were annexed to hospitals and to anatomical and surgical academies, and not to the local universities, such as in Perugia. The Anatomy-Surgical Academies were structured to prepare physicians already working in the city, and also to prepare future physicians before starting the course at primary universities (Maovaz, Giambanco I, Donato et al. 2011).

In Tuscany, instead, the ups and downs of political events of the eighteenth and nineteenth centuries, involving universities, led to the proliferation of anatomical theatres.

Surveying on the territory will allow to understand what destination these theatres had, first of all if they are still

recognizable and of value today. The utility of the project has been well understood by the University of Modena and Reggio Emilia who welcomed it with enthusiasm. This university has in recent years undertaken a restoration program for Modena's anatomical theatre and intends to bring the results out its work. There are the preconditions for Modena's anatomical theatre to become the concrete prototype of the THESA mission.

At the same time research carried out on site could help to develop a network of contacts that will help to enrich the history of anatomical theatres.

On a concrete level THESA began to spread the first results with presenting its activities in journals and participating in national and international conferences². The project aims to

² In this first year of work, the THESA group submitted its re-

organize a conference devoted to the topic and to produce a monograph that can document all the Italian anatomical theatres and highlight their relationships. A collaborative perspective was offered by the Network of Universities Museums, a network approved and funded by the Ministry of University and Research, whose mission is to activate a dialogue between museums and a global context that focuses on the specific identity of their collections to promote openness to lifelong learning activities aimed at different kind of people. To characterize the project will be a series of thematic routes that will guide the user both locally, within the exhibition spaces, and on the web. In addition, the chosen themes will allow developing cultural itineraries also in the territory, with a view to collaboration and continuity with the context in which each university museum is inserted. Within this project there is an interest in promoting initiatives related to university anatomical theatres. But these are just part of it, and in the future we will try to include in larger projects also the anatomical theatres owned by health companies and other entities.

Conclusions

To the present, around 50 anatomical theatres have been traced in archival studies and in bibliographic research (Tab. I). Currently, the THESA research group is developing an in-depth study that will allow to understand which of the theatres were in use, how were they constructed and which patterns they presented.

Acknowledgements

The advancement of the THESA Project and its success is made possible thanks to the collaboration of experts of various disciplines interwoven with their knowledge. Therefore, in addition to the authors of this article, it is necessary to remember Prof. Maurizio Ripa Bonati, Prof. Luca Borghi, Dr. Chiara Mascardi, Dr. Valentina Cani co-creators of the THESA group. Then, Prof. Carlo Mambriani, Prof. Alessandro Ruggeri, Prof. Rosario Donato, Prof. Giuseppe Musumeci, Dr. Davide Orsini, Director of SMA of Siena, Prof. Elena Corradini, Dr. Laura Berardi, Dr. Italo Testa,

search to the sixth Annual Scientiae International Conference on Disciplines of Knowing in the Early Modern World (roughly 1400-1800), with the report *The art of teaching: Italian anatomical theatres as an educational tool, at the intersection of art, history, and science* (Armocida et al.); to the 9th Meeting of ISHM (International Society for the History of Medicine) with the report *On whales, chocolate and bodies. A short story of anatomical theatres in Rome* (Borghi); and to the 71st SIAI (Società Italiana di Anatomia e Embriologia) National Conference with the report Armocida, Ruggeri: *Anatomical theatre place of Knowledge - the pivotal role of anatomist in its realization*. Italian Journal of Anatomy and Embryology 2017;122(Suppl 1):15.

Dr. Marco Maovaz, Dr. Nicolò Nicoli, Dr. Marcello Trucas. All of them, in this first year of research, have collaborated by providing philanthropy with their skills and knowledge.

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The unspoken history of medicine in Russia

La storia non raccontata della medicina in Russia

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This paper analyzes the cases of neglect and inadvertence in Russian medical history. Closer scrutiny of the vivid examples of the artifacts and names that were not recognized and honored, or were crossed out for some reason, could give us an alternative outlook on the Russian medical heritage and provide more complete picture of the framework. Some possible reasons for such neglect might be the absence of artifacts or technologies for their study (Birch bark manuscripts from Novgorod or human remains from Sungir); preference to the extraordinary units in prejudice of common things (Kunstkamera); semantic blindness to nurses, women and patients in favour of male doctors; and political trends (anti-genetics campaign in the USSR). But at the same time the role of medicine in the State and the society as a whole was underestimated for a long time. It is proved by the representation of doctors in public environment – the first monument to the doctor, that of Nikolay Pirogov, was unveiled only in the end of 19th century –. We analyze these issues using the materials of the Russian Museum of Medicine of the NA Semashko National Research Institute of Public Health.

Key words: Medical museology, medical cultural heritage, Russian medicine, Nikolay Pirogov, Vladimir Demikhov, Novgorod birch bark manuscripts

Questo saggio analizza i casi di oblio e di trascuratezza nella storia medica russa. Uno sguardo più ravvicinato ad alcuni esempi emblematici di oggetti o personaggi che non sono stati riconosciuti e onorati, o che per qualche ragione furono cancellati, può fornire una visuale alternativa sul patrimonio materiale della medicina russa e dare un quadro più completo della situazione. Alcune possibili ragioni per tali “dimenticanze” possono essere l’assenza di tracce materiali oppure delle tecnologie adatte al loro studio (si pensi alle iscrizioni novgorodiane su corteccia di betulla o ai resti umani di Sungir); preferenza per gli oggetti di natura straordinaria a detrimento di quelli più comuni (Kunstkamera); una sorta di cecità semantica per infermiere, donne in genere e pazienti, a favore del medico maschio; tendenze politiche (ad es., la campagna contro la genetica nell’URSS). Ma, al tempo stesso, il ruolo della medicina nello Stato e nella società nel suo insieme fu sottostimato per lungo tempo. Tutto ciò è dimostrato dalla raffigurazione di medici negli spazi pubblici – il primo monumento a un medico, quello a Nikolay Pirogov, fu inaugurato solo alla fine del 19° secolo –. Analizzeremo questi argomenti utilizzando il materiale proveniente dal Museo Russo di Medicina dell’Istituto Nazionale di Ricerca sulla Salute Pubblica “NA Semashko”.

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Parole chiave: Museologia medica, beni culturali medici, medicina russa, Nikolay Pirogov, Vladimir Demikhov, iscrizioni novgorodiane su corteccia di betulla

The cases of honoring medical history and paying tribute to the doctors of the past are part and parcel of the preservation of health-related material heritage. However, monuments and material artifacts are not only speaking and significant for the history of medicine at large.

In this paper, we do not adduce the infinite Russian medical historical highlights and masterpieces list, but analyze cases of neglect and semantic blindness. We do it by means of the proof by contradiction method. Closer scrutiny of the examples of the artifacts and names that were not recognized and honored, or were crossed out for some reason, could give us an alternative outlook on the Russian medical heritage and provide a more complete picture of the framework. Omission as a figure of speech is no less “speaking” than the text engraved in stone.

Honoring some phenomenon as well as researching it, primarily depends on what is attainable and what is lost. Research methodology available at this or that time is one more a stumbling block. The most telling examples of this point can be found in understanding the paleo-medicine heritage.

It is well known and confirmed by the archeologists that stones, bones and teeth, metal artifacts are conserved much better than objects of wood and other organic materials. Evidently, ignoring all these missing materials could completely change the picture of the past.

A vivid example of the emergence of new subjects of study that change our perspective for the Russian history as a whole, and particularly social history and history of medicine, are the archeological discoveries made in the Russian North, especially in Novgorod – one of the Russia oldest cities. – The city was founded in the early 9th century as an outpost of Kiev, and soon became a leading European trading center in the Baltic region. It was the center of a vast territory east of today’s Estonia up to the Ural Mountains. This case is an exception, due to the particular qualities of the soil and climate. Novgorod was built on “clay strata that have almost perfectly preserved its past” (Yanin 2006) – even organic – giving an unexcelled view into medieval Russ.

Birch bark manuscripts and wooden artifacts found by the archeologists there complemented the view on the lifestyle and helped to get more vivid reconstruction of the historical practices and ways of life. Without these pieces of information about medieval Russia, the number of written sources of social history that implies all human experiences including health and disease would be vanishingly small. The chronicles, with their focus on “princes and bishops, military leaders and constructors of famous churches” (Yanin 1990), kept silence of people of other strata and their practices.

Birch bark manuscripts were a missing source until the middle of the 20th century. The first text, *gramota*, was found by the archaeological expedition led by Artemiy Artsikhovskiy in 1951. Today the number of birch bark manuscripts is more than 1000, most dating from the 11th to the first third of the 13th century (Zaliznyak and Yanin 2013). Some of these

manuscripts were written as spells (*zagovory*) against diseases. Texts of this genre mention a figure of Sikhail (nn. 521, 674, 715, 734, 930) that was not included in Christian canon and belongs to pagan cult. It turns out that he was extremely popular in folk medicine as a defender from the fever and a fighter with its incarnations, which sometimes appear in the form of simple-minded females.

Not only new written historical sources got voice and flesh in the last half a century. Some findings, made long time before, began to “speak up” thanks to the new technologies and methods. Digital microfocus X-ray imaging, computed tomography, DNA analyses, provided the disclosure of completely new histories behind the items that seemed carefully chosen and well-studied. It means that the preservation of material traces provides the opportunity to review them and to look for their new significance. Recent discoveries in paleobotany, paleodietology, food adaptations and used environmental resources relying on these methods, led to the revision of the paleopathology.

One of such discoveries is Sunghir, a unique archaeological site along with Cro-Magnon, Brno, and Chancelade, with its four burials and human fossils remains. The site is situated on the outskirts of Vladimir, about 200 km north from Moscow. Radiocarbon dating yielded its ages back to the early upper paleolithic and the early phases of human occupation of high latitude continental Eurasia.

When these remains were found, the research focused on their morphometric relationships to other Paleolithic remains. Traditional approaches prescribed discrete morphological attributes, accurate measurements of the remains, dimensions and their discrete morphological configurations (Trinkaus et al. 2014). Later research armed with new technologies allowed to reveal the genetic relationship between boy (Sunghir 2) and girl (Sunghir 3) by reason of the similarities in their mitochondrial DNA. The X-ray analysis of the remains of an older man (Sunghir 1) revealed “*Harris lines, which were more pronounced in the distal part of the bones but of less significant length in the proximal part*”. Thus, X-rays results pointed on the metabolic disorder experienced in childhood, most likely rickets (Buzhilova 2005), that in mild degree does not produce skeletal deformations and will not be detected without scan. All these particular findings provided a more full reconstruction of the conditions that humans lived in at the end of the upper paleolithic time.

Undoubtedly, what is preserved and what is missing depend not only on climate, soil characteristics and technologies. One of the main factors is what kind of medical heritage is conserved or destroyed at the behest of people. The preservation of artifacts is mainly the task of museums. Finding and research specified above were made by the professors of the Moscow State University and the curators of the archaeology and anthropology museums. These museums of the oldest University in Russia, founded in 1755, follow the pattern set in the beginning of the same century.

The first state public museum in Russia was created in 1714 by the emperor Peter I the Great (1672-1725) who pursued the policy of westernization and therefore replaced many traditional Russian everyday life features with the European ones. European style in architectural design, clothes and food spread in Russia.

While travelling around Europe – Grand Embassy of Peter the Great (1697-1698) – Peter I met members of the European royal families and scholars, and toured their galleries and collections. As all his contemporaries, Peter considered it important to preserve extraordinary items. The first museum collection grew from Peter's "cabinet of curiosities" and got the name of "Kunstkamera" (Radziun and Chistov 2012). There one could see "fish, reptiles and insects in bottles", mathematical, physics and chemistry instruments as well as rare books. In 1718 the emperor issued an order "about delivering of monsters and other curiosities found". It was aimed at enlightening the ignorant people who believed that "monsters are born due to devil's powers through sorcery and evil curses, which is impossible, since the creator of all creatures is God, not the devil". For the Kunstkamera, Peter I bought an anatomical collection of a famous Dutch professor of anatomy, Frederik Ruysch (1638-1731) (Boer et al. 2017). Specimens with congenital anomalies are a part of this collection. The material history of medicine exhibited in the Kunstkamera was conceived as a collection of curiosities and rarities.

Before Peter's reign, there were no museums in Russia, so there was no habit to tour them. Russian people were seized with horror while watching the anatomical collections, and according to the legend, every visitor of the Kunstkamera gained a glass of vodka and a pie – these measures were taken in order to increase the number of guests –. Nevertheless, the Kunstkamera started to form gradually the tendency to observe and study the human body, which was necessary especially for medical students.

Material medical heritage of that epoch emphasizes the diversity of the world not recognizable by people in their common life. Bizarre and quaint objects, and attention for the rarities, were typical of the baroque culture in Western countries. The interest for medical norm seems to come later and was connected with the rise of medical education in Russia.

The most important event in this sphere took place in the middle of the 18th century, when the first Russian university was founded in Moscow. Anatomy was studied from the very beginning, lectures were followed by "anatomical experiments". Some specimens for the Moscow University were also taken from Frederik Ruysch's anatomical collection. In 1812, during the Napoleon wars, Moscow was burnt down and the University suffered much from fire. After the war, Moscow University was restored, and above all a new collection of specimens, waxworks, and drawings was purchased for the anatomical museum. This collection was compiled by Christian Loder in Germany, France and England. Christian Loder headed the Department of anatomy and initiated the building

of an anatomical theatre. The edifice was intended for 250 students. Part of Loder's collection survived to the present day.

It seems that the use of anatomical specimens became an approved educational standard at least in the beginning of 19th century and that specimens were preserved as an inalienable part of material medical heritage. However there are facts that contradict this presumption. Such was a notorious event in the Kazan University founded in 1804. In 1819, a revision of the university took place, held by the curator of Kazan educational district, Mikhail Magnitskiy, who, supposing disloyalty and atheism among the professors and students, took measures to remedy the situation. Among all, he ordered to bury the anatomical collection according to Christian rites (Vishlenkova 2003). Mikhail Magnitskiy and his like minds supposed the dissections incompatible with true Christianity. Russian historians of that period characterized that issue as the triumph of the Russian Orthodox Church over science.

In the 20th century, the pendulum swung to the other side. After the 1917 revolution, repressions began against religion. Monasteries, cathedrals and even small churches were closed or destroyed. Sometimes these building changed their destination. One of such alterations was significant to the history of medicine. The Church of the Venerable Dimitry Prilutsky on the Devichye Pole was built there to pay last honors to those who died in the wards of the Clinic town of the Moscow University built in 1890s. The church was closed not immediately after the revolution but only in 1950s. The building was converted into the transplantation laboratory led by Vladimir Demikhov (1916-1998 – the pioneer in organ transplantation and the first in the world who performed a complete heart and lung replacement (Fig. 1) –. Definitely, the former church was not the best place for the scientific laboratory with no decent conditions for the experiment, saying nothing of the moral aspect of the problem. However in the 1940s-60s Soviet Ministry of Health and most of the medical community were quite skeptical about Demikhov's experiments, so he did not deserve a well-equipped laboratory but only such premises that seemed worthless according to the communist values.

During his lifetime, Demikhov did not receive much recognition in his homeland (Fig. 2). Notwithstanding, his contribution to the development of transplantation was noted internationally. In particular, Christiaan Barnard, who performed the world's first heart transplant operation, wrote in 1997 that Demikhov "*was certainly a remarkable man, having done all the research before extracorporeal circulation. I have always maintained that if there is a father of heart and lung transplantation, then Demikhov certainly deserves this title*" (Konstantinov 2009).

The first successful experiments for transplantation carried out by Demikhov took place in Dimitry Prilutsky Church. Nowadays there is a memorial plaque on the church's wall, put up in the 1990s (Fig. 3):



Figure 1.
Hand-made surgical instruments of Vladimir Demikhov, Russian Medical Museum, Moscow.

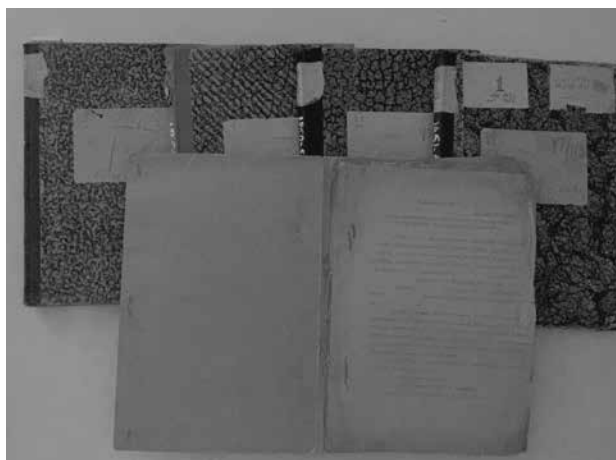


Figure 2.
Medical records of Vladimir Demikhov, Russian Medical Museum, Moscow.

Within the walls of the church of St. Dimitry Prilutsky in the Devichye Pole during the persecutions of the church in the 50-60s of the XX century, a laboratory for organ transplantation was placed at the First Moscow Medical Institute named after I. M. Sechenov. Here the great Russian scientist, the founder of the world transplantology Vladimir Petrovich Demikhov (1916-1998) conducted the world's first successful experiments on organ transplantation. Eternal memory to the devotee of science.

The plaque was unveiled there with the blessing of His Holiness Patriarch Alexy II of Moscow and all Russia after the building was returned to the Russian Orthodox Church and the services there resumed.

The monument to Vladimir Demikhov was placed there

only about twenty years after his death. The eighth all-Russian Congress of Transplantologists that took place in the Federal Research Center of Transplantology and Artificial Organs in Moscow in 2016 was “dedicated to the 100th anniversary of Vladimir Petrovich Demikhov”. In front of the building, the memorial to Demikhov was unveiled and a lecture devoted to the 100th anniversary of Demikhov, named “Vladimir Demikhov, a man of an unbending spirit”, was read.

The monument to Demikhov is one of the most “young” monuments devoted to physicians in Russia. Generally, the tradition of establishing monuments and memorials to medical professionals is not so old. Though medicine in Russia was closely connected with the state from the very beginning and the proto-Ministry of Health (*Aptekarskiy prikaz*) appeared there yet in the 17th century, however, for a long time the medical profession was not among the most honorable and respectable ones. This can be proved by the fact that there were no monuments to medical men until the end of the 19th century, not to speak of monuments devoted to women-doctors, nurses or patients.

The first “medical” monument was established in honor of the eminent surgeon Nikolay Pirogov in 1897 (Fig. 4). However, it was not the state that provided funding for the monument, but the Russian medical community. Nikolay Pirogov (1810-1881) was deeply respected by colleagues. He was honored during his life both nationally and internationally as anatomist and surgeon, and as the originator of an effective mode of amputating the foot. He was the first who used anesthetics widely in military surgery. Pirogov proved himself also as a good medical administrator and reformer, the one who introduced women nurses into military and civil hospitals in Russia, and a thoughtful writer. Above all, he took part in the Crimean war of 1853-1856 as a military surgeon, encouraged female volunteers as an organized corps of nurses, visited hospitals during the Franco-Prussian War of 1870 as a representative of the Russian Red Cross.



Figure 3.
Memorial plaque to Vladimir Demikhov, Moscow.



Figure 4.
The monument to Nikolay Pirogov in Moscow (sculptor Vladimir Shervud).

Pirogov also treated Giuseppe Garibaldi in 1862, when he was wounded in the battle at Aspromonte. Pirogov's examination and his advice not to remove the bullet from the bone immediately went in contradiction with the recommendations of Garibaldi's surgeons from Britain and France, but it turned to be right (Moscucci 2001).

The most prominent and representative medical society – the “Society of Russian Practitioners in Memory of Pirogov” – bears his name. Unveiling of the statue was one of the features of the XII International Medical Congress week in 1897. Sculptor Vladimir Shervud pictured the scientist sitting in a low back armchair. He is holding a skull on the left knee and is leaning on the right arm on the elbow-rest of the armchair.

The unveiling of this monument can be considered as the starting point for the further dialog between the “medical world” and society. Gradually physicians became visible and got their voice. The works of physicians-writers as Anton Chekhov, Vikenty Veresaev and Mikhail Bulgakov were widely discussed both among their colleagues and among non-medical people. The names of these authors were put in the same line of Leo Tolstoy and Fedor Dostoevsky. Literary activity facilitated the promotion of the medical profession; the same did the Soviet ideology paradigm of socialist health care model with state-funded health care to all citizens. It is not surprising that in the 20th century many monu-

ments and busts were created and took a prominent place in the public spaces.

In 1935, the XV International Congress of Physiology took place in Moscow and Leningrad. It coincided with the installation of several monuments. Near the Institute of Experimental Medicine and near the Physiological Institute of the USSR Academy of Sciences of the research campus in the village of Pavlovo (Koltushi) appeared the busts of Charles Darwin, Louis Pasteur, Ivan Sechenov, Dmitry Mendeleev, René Descartes and Gregor Mendel, all created by sculptor Innokenty Bepalov. At the initiative of academician Ivan Pavlov who got the Nobel Prize in 1904, “in recognition of his work on the physiology of digestion, through which knowledge on vital aspects of the subject has been transformed and enlarged”, a monument to the dog was also installed, as a sign of respect for its role in scientific experiments. The monument represents a fountain with a dog on a pedestal decorated with citations from Ivan Pavlov's work, concerning experimental animals, and scenes from the laboratory activities. Water in the bowl of the fountain poured from the mouths of eight mascarons in the form of the heads of dogs.

At the end of 1940, Descartes and Mendel disappeared from the Institute's yard: their busts were destroyed when the campaign against genetics and “cosmopolitanism” began in the Soviet Union. In August 1948, during the meeting of the Academy of Agricultural Sciences (VASKhNIL) formal genetics in the Soviet Union was banned for almost twenty years. It was replaced by “Michurinist” agrobiolgy with Trophim Lysenko as the leader of Soviet biology. Genetics was criticized for its “reactionary character”. Research and teaching in standard genetics were eliminated and a number of leading genetics laboratories closed down (Graham 1993), while many scientists were imprisoned and perished. According to testimony of the researchers of the Pavlov's museum in Saint Petersburg, Mendel bust was hidden in the attic for years and returned on public display only when anti-genetics campaign was over and its proponents were declared pseudoscientists.

It is worth mentioning one more remarkable monument dedicated to genetics here. The monument to the laboratory mouse knitting a DNA strand was open in 2013 near the Institute of Cytology and Genetics of the Russian Academy of Sciences in Novosibirsk (Fig. 5). The monument “*commemorates the sacrifice of the mice in genetic research used to understand biological and physiological mechanisms for developing new drugs and curing of diseases*”.

The paradox is that, even though the role of laboratory animals is quite recognized, women's role in healthcare is still discriminated. Despite the fact that, according to stats, by the 1970s 72% of Soviet doctors were women (in comparison to 10% before 1917) (Great Soviet Encyclopedia 1970) there are only few monuments to women-doctors. There is even no monument to Zinaida Ermolieva (1898-1974), an outstand-



Figure 5.
The monument to laboratory mouse, Novosibirsk.

ing microbiologist, who independently of Alexander Fleming synthesized penicillin. At the same time, the number of monuments to women-nurses is quite big in Russia. Most of them were honored for their deeds on the battlefields of the Second World War.

A bronze monument to the outstanding neurophysiologist Natalia Bekhtereva (1924-2008, scientific director of the Institute of the Human Brain of the Russian Academy of Sciences), was dedicated in St. Petersburg at the Walk of Fame of the Humanitarian University of Trade Unions in 2008. Her studies were devoted to the physiological basis of mental activity. Natalia Bekhtereva was the first in the USSR who used the method of long-term implantation of electrodes into the human brain for diagnostic and therapeutic purposes.

The essential part of saving memory and giving due to notable medical events and people is to be considered as scientific research as well as promotion of the medical heritage material. Research and study conducted by museum curators set a goal to broaden the representation of the medical issues in Russia. The Russian Museum of Medicine in Moscow is associated with the National Research Institute of Public Health named after NA Semashko. It was reopened on December 1, 2015, in a 19th century detached house (Pashkov et al. 2017). The collection of the museum include 311,622 items, including: medical orders awarded by the monarchy, Soviet State, and Red Cross in recognition of doctors' merit;

Rosta and other Soviet healthy lifestyle propaganda posters; pharmacy equipment of the 19th and early 20th centuries, medical instruments and equipment, medical manuscripts and printed books (16th - 20th century), documents and archives, wax models.

The collection covers the medical history from the middle of the 17th century to our days. It includes Pirogov's medical bag and surgical instruments used by him, copy of his portrait and bust made by Ilya Repin, and lifetime editions and collected works published after his death. There are also materials about Demikhov's work: medical records made by him during operations, medical instruments that were made by his own hands.

However, not all areas of medicine are presented. Surprisingly, the most alarming situation is not in the heritage of the distant past but in complementing museum funds with recent material heritage of science that become real rarities. The museum is especially interested in the heritage of the past 50-70 years that needs to be scrutiny selected, museified, and annotated. The museum works in close connection with the medical community to preserve equipment that is no more used nowadays and is replaced with more modern analogues within the framework of the general state policy of modernization of the healthcare.

Summarizing, we could state that absence of systematization in description and presentation of facts and events results in numerous lacunas in Russian history of medicine, but the presence and types of these lacunas are able to give a lot of information on the medical history and on the relations of medicine, state and society.

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Monuments of physicians in Vienna What do they teach us and how?

Monumenti di medici a Vienna Come e cosa ci insegnano?

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This contribution follows Luca Borghi's introducing question if material memories are really so important and focuses on their multilevel importance. It explores the historical context of the "making of" and reveals their original intentions and meanings. The discussed research objects have been the monuments for Gerard van Swieten, the personal physician of Empress Maria Theresa, the physiologist Wilhelm von Brücke, the surgeon Theodor Billroth, and the gynaecologist Ignaz Philipp Semmelweis. Stepping out from a first art historical analysis of these sculptures the Author shows how much we can learn from diligent cultural-historical studies of material memories in relation to their cultural, institutional, and political context. E.g., the comparison of two different busts for van Swieten makes comprehensible how much the used artistic style is subordinated to the intended message of a monument. Moreover, as memorial settings are erected essentially by established forces, a closer investigation of the circumstances of the Billroth monument from 1944 uncovers the political strategy of National Socialist German Workers' Party-affiliated doctors at the General Hospital in Vienna.

Key words: History of art, arts and politics, communication, Vienna, Gerard van Swieten, Wilhelm von Brücke, Theodor Billroth, Ignaz Philipp Semmelweis

Questo contributo parte dalla domanda di Luca Borghi se le memorie materiali siano davvero così importanti e cerca di metterne in evidenza l'importanza su diversi livelli. S'intende esplorare il contesto storico della loro realizzazione per svelarne intenzioni e significati originari. Gli oggetti di ricerca qui discussi sono i monumenti a Gerard van Swieten, medico personale dell'Imperatrice Maria Teresa, al fisiologo Wilhelm von Brücke, al chirurgo Theodor Billroth, e al ginecologo Ignaz Philipp Semmelweis. Attraverso una prima analisi di tipo storico-artistico di queste sculture, viene mostrato quanto si possa imparare, a partire da uno studio storico-culturale diligente di tali memorie materiali, in relazione al contesto culturale, istituzionale e politico. Ad esempio, il confronto tra due differenti busti di van Swieten rende evidente quanto la scelta di uno stile artistico sia subordinata al messaggio da veicolare attraverso il monumento. E dato che i "memoriali" sono eretti essenzialmente dalle forze al potere, un'attenta ricerca sulle circostanze in cui nacque il monumento di Billroth del 1944 rivelano la strategia politica dei medici affiliati al Partito Nazionalsocialista Tedesco dei Lavoratori nell'Ospedale Generale di Vienna.

Parole chiave: Storia dell'arte, arte e politica, comunicazione, Vienna, Gerard van Swieten, Wilhelm von Brücke, Theodor Billroth, Ignaz Philipp Semmelweis

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This text was written in the context of the University of Vienna Back-to-Research-Grant, which I received from January to October 2017 (<http://gleichstellung.univie.ac.at/en/gender-equality/career-developing-measures/back-to-research-grant>).

“*Are material memories really so important?*” is the rhetorical question Luca Borghi, editor of this volume, poses in his contribution, thereby opening the mind for this and further questions throughout this publication. In this contribution, I will show a handful of monuments and portraits of physicians in Vienna explaining which significance and function these images had at their time and moreover can still have today. The insights gained from a detailed viewing and analysis of individual monuments often go far beyond a mere educational surplus in the history of medicine and recognition of the depicted as historical persons of note.

Vienna has many and manifold extant *material memories* of medical history, as HIMETOP (and others) demonstrate well¹. They take the form of monuments, tombs and paintings, as well as including the famous architectural designs of numerous hospitals, not least Josef Hoffmann’s sanatorium and Otto Wagner’s clinic at Steinhof. Excepting the famous architectural works and a handful of renowned paintings, like Gustav Klimt’s University of Vienna Ceiling Paintings, (also known as the Faculty Paintings), however, they share the fate of all monuments as described by writer Robert Musil: “*The most notable thing about monuments, you see, is that one does not notice them. There is nothing in the world quite as invisible as a monument*” (Musil 1962, p. 62).

This very lack of monuments conspicuousness incites me in this contribution to direct my gaze to the monuments and three-dimensional images of physicians, investigating *monuments* as a form of communication. My aim is to illuminate the sculptures from a perspective that goes beyond art history and therewith the historical context of ages and artists, in order to perceive in them more than the mere illustration of a history of medicine. Indeed, I will consider them fully as representations of the history of a discipline, a means of communication by their commissioner and institution as well as, and not least, a means of political propaganda.

Having at hand these selected examples, I will illuminate how a close treatment of such material memories can foster our understanding of historic social circumstances, going beyond the history of medicine alone.

There is a long tradition of scholars’ monuments, reaching back far into antiquity. Pliny the Elder had already noted in his *Naturalis Historia* that the image of authors fulfilled an important function, especially so in libraries: namely to confront the readers in the shape of a concrete figure (Klecker 2010, p. 8). Several images of famous doctors of antiquity, including Hippocrates, are extant for this very reason². In the early modern

age, however, a personal effigy in marble and bronze became the vestige of worldly and clerical nobility as well as exceptional representatives of the military. It was not until the Enlightenment that the civic portrait and likeness was developed with some force (Kanz 1993, p. 11), eventually leading to the much-cited flood of memorials at the end of the 19th century (Hofmann 1906, p. 6, Rüdiger 2015, p. 186). My observations in this contribution therefore set off from a late Baroque bust for a Viennese medic and follow the subsequent development of medics’ memorials in Vienna until the mid-20th century.

Van Swieten

The tradition of scholar portraits and effigies in the sphere of the University of Vienna began fairly late, in line with the surge in popularity of civic portraits across Europe. The heads of the University asked Empress Maria Theresa in the autumn of 1778 to be granted permission to honour deserved professors with portraits in the lecture halls (Natter 1988, pp. 250-1). Until that time, rectors and the current ruler were, with one exception, the only persons represented in the university building. The single exception was the bust of Gerard van Swieten, personal physician to the imperial family, which had been on display in the faculty of medicine auditorium since 1769 (Pötzl-Malikova 2017, p. 37). It had been commissioned by Maria Theresa herself to respected sculptor Franz Xaver Messerschmidt and gifted to the university (Fig. 1). Art historical research has primarily regarded this bust as a monument set by the Empress for personal reasons; it is mostly analysed only with regard to its position in the artist’s oeuvre.

The artist depicted the medic in an *allongé* wig, wearing a fur-lined robe with medals and captured in a dynamic pose, thereby awarding him the primary markers of Baroque rulers in representational effigies. Art historical research on this bust has frequently recurred on the topic of the juxtaposition between the Baroque style movement of the dress and the veristic depiction of the face. It is also highlighted that the pieces created by the sculptor Messerschmidt changed in style in the period following his completion of this effigy (Krapf 2002, p. 158). This is apparent of an undated bust, which also depicts van Swieten and which was also created by Messerschmidt, probably between 1770 and 1772 (Fig. 2). This marble head-and-shoulder piece showing a representation in epic-style nudity abandons social rank, seeking out a portrayal of the personality of the depicted instead. The crass difference between the two portraits is most often explained in art historical literature with the artist’s stylistic development; this reasoning, however, disregards as secondary a potential respect for Van Swieten’s scholarly achievements (Pötzl-Malikova 2017, p. 37).

I am convinced that more attention needs to be paid to the exceptional situation that the physician van Swieten was

¹ See HIMETOP section about Vienna: <http://himetop.wikidot.com/vienna> (last access: 13.08.2017).

² For one, in Pietro Bellori’s collection of effigies of famous philosophers: Bellori P. *Imagines veterum illustrium philosophorum*. Rome: 1685, np. Also as an actual bust, as depicted in Baumeister KA. *Denkmäler des klassischen Altertums: zur Erläuterung des Lebens der Griechen und Römer in Religion, Kunst und Sitte*. Munich: 1885, vol. 1, p. 694.



Figure 1.
Franz Xaver Messerschmidt, memorial bust for the personal physician to the imperial family, Gerard van Swieten, 1769. Current location in the arcaded courtyard of the University of Vienna. Photograph: Armin Plankensteiner, Institute for Art History, University of Vienna.

the only one whose likeness was represented by means of a dedicated bust within the university building. History (of culture) demands that we take a look not only at the artistic conditions surrounding the creation of the bust – style of the artist and contemporary portrait practice – but also at the non-artistic circumstances in which the monument was erected. These circumstances include the social situation of the depicted, the context of the installation of the effigy as well as the intention of the commissioner. They are factors that illuminate the original significance of the memorial and its function. As historian Ludmilla Jordanova has written, “portraits always need to be seen in the physical contexts for which they were made – for example, the public settings, such as institutions, through which they acquired associations and significance” (Jordanova 2000, pp. 25-6).

Let us contrast two aspects of these two effigies: their commission and their placement. The latter, more private image of van Swieten is presumed to have been commissioned most likely for the directors’ room at the imperial library, where van Swieten worked from 1745 until his death. In this location, the likeness was intended only for the eyes of a select circle of potential onlookers. The commissioner is unknown. The Baroque representational effigy, on the other hand, was commissioned by the very highest authority and

placed on public display in the lecture hall of the medical faculty in what was then the main university building. The desire for representation was greater than the Empress’ intention to extend gratitude to her personal physician. When Maria Theresa erected this new main building for the university, she set within it a stately memorial to her most important supporter and advisor in her reform of the university and education. She therefore established here a monument to her personal physician as well as, at the same time, to her very own achievements in educational reform and to her struggle for the secularisation of the university.

As the centuries or even mere decades pass, the context of memorials, as outlined above, will often not be preserved in full, and may no longer be reconstructable. Following historian of medicine Mary E. Fissell, one must ask what the memorial, quite independently of its original purpose, has signified over the course of time. The meaning and purpose of a cultural object are neither necessarily inherent nor enduring: they keep on originating in the ever-new processes of the “making of meaning” (Fissell 2004, p. 365).

After the old university building had been closed in the year 1848 in response to revolutionary activities, the bust of van Swieten had at first been installed in the ceremonial hall



Figure 2.
Franz Xaver Messerschmidt, memorial bust for the personal physician to the imperial family, Gerard van Swieten, 1770/72. Kunsthistorisches Museum Vienna, Kunstammer, Inv. No. Kunstammer, 8921.

of the general hospital, *Allgemeines Krankenhaus*. Then, it was eventually placed in the university's new main building on Ringstraße. The original context of its installation, defined as it was by the close connection of commissioner, university reform, university building and the effigy's singularity in being the only scholar's monument within the building, was lost with the move. While the original function of the bust was thereby veiled, the monument was at the same time given a different significance within a new context when it was re-installed.

At the heart of this new main building, we see the professionalization of institutional scholar memorials. While the façade sports oversized statues, portrait medallions and name plates for 128 scholars from antiquity and the modern age, the court of honour within the central arcaded courtyard has become one of the greatest ensembles of university memorial culture: almost 160 scholars are honoured in this space with statues, busts and relief images. The initiators of this court of honour wanted not only to establish an eternal reminder of the deserved professors at this *Alma Mater*, but also to reflect their glory onto the institution itself and moreover sponsor a sense of identification with the institution among staff and students alike (Rüdiger 2013). Gerard van Swieten's university bust was re-erected here during the very first phase of monument installation, in 1889, in order to underline the long tradition enjoyed by this university even in the new building. Numerous new memorials were commissioned at the same time.

This comparison of two van Swieten representations has shown us what noticeably differing meanings a memorial can take on according to where it may be positioned within the wide field of artistic language, meaning style (Baroque dynamic vs Classicist reduced) and typology (stately portrait vs heroic effigy). A memorial will attain further relevance from where its emphasis is placed, as communicated in its iconography. The project *monuments - Das Wiki zu den Denkmälern der Universität Wien*³ documents how the full assembly of monuments in the arcaded courtyard reveals a great breadth of inventive ideas from commissioners and artists alike in how to display in the memorial form the scientific disciplines, some of which were just newly established.

Brücke

Ernst Wilhelm von Brücke was given a monumental memorial, which serves as an impressive example for this use of iconography (Fig. 3). Sculptor Otto König integrated in his work a number of meaningful details in order to provide an insight into the physiologist's wide-ranging scholarly engagement. Among these details, a chameleon reflects Brücke's research on the perception of colour, while a microscope



Figure 3. Otto König, memorial for the physiologist Ernst Wilhelm von Brücke, arcaded courtyard of the University of Vienna, 1894. Photograph: Armin Plankensteiner, Institute for Art History, University of Vienna.

represents his findings in cell physiology. The inventive representation includes one particularly notable detail: Brücke is depicted wearing an academic gown. Emperor Joseph II had abolished the gowns in the year 1784, and they were not re-introduced as official garb until 1927. The artist therefore employed an invented form of clothing in his effigy in reference to the Baroque portraits of the university rectors (Rosenberg 2017), thereby underlining Brücke's exceptional function as rector. When the memorial to Brücke was unveiled in January 1894, it was one of the most notable and noticeable in the entire arcaded courtyard.

The University of Vienna had a vested interest in gaining prominence through the memorials to a number of renowned scholars. Every application for the erection of a memorial was checked and approved by the university Senate. Nevertheless, no cost was to arise to the university from these commissions. It was therefore usual for a collection to be made among the professors and the students when a colleague was to be honoured upon his death. The memorial documents of the exceptionally large monument for Ernst Wilhelm Brücke

³ See: <https://monuments.univie.ac.at/index.php> (last access: 12.08.2017).

reveal that one of its sponsors was surgeon Theodor Billroth⁴. The same Prussian-Austrian surgeon Theodor Billroth had given 500 *gulden* to sculptor Caspar von Zumbusch with the commission to design an oversized bust of him to be placed in the arcaded courtyard after his death. Billroth did so largely in order to avoid the funds being raised from among colleagues, students and relatives. He took this step already in 1892: before the Brücke memorial was erected.⁵ The unveiling of the monumental Brücke memorial in early 1894 therefore instigated a competition that is not documented, but can be discerned from the Billroth monument. Although the surgeon had commissioned an oversized head and shoulders bust in 1892, the sculpture delivered by Zumbusch in 1897 in fact shows an oversized full figure image of Billroth, including aedicule and teaching pulpit (Fig. 4).

Billroth

The effigy illustrates Billroth's endeavours for the institution and the history of medicine in several ways. His entire physical presence shows him as an exemplary teacher lecturing at the pulpit, while the scalpel in his hand denotes his abilities as a surgeon and the drawing of a separated femur represents Billroth's research on osteotomy (Rüdiger 2017). Billroth is the first medic in the arcaded courtyard to be depicted in the monument wearing an antiseptic coat. Although Billroth had long rejected Lister's theory, wearing the coat in an operation theatre had been obligatory since 1878. Memorial typologies had until then included class dress, official garb or a suit for civic persons, even antique-style nudity in head and shoulder pieces. It had until then been entirely unthinkable to be depicted in a work coat. However, the enormous success of antiseptic measures had turned the work coat into the new hallmark of a respected medic's class. This memorial for an innovative and engaged surgeon and academic casts a glow that continues to reflect the glory of the Second Viennese School of Medicine on the institution at the heart of which the monument stands to this day.

A later monument for Billroth, which is located in the large courtyard of the former general hospital, now part of the university campus, has a less honourable history (Fig. 5). It, too, depicts the medic Billroth in his surgeon's coat, but at a much younger age, with a slimmer figure and more dynamic. This statue was ceremonially unveiled in February 1944 on the fiftieth anniversary of Billroth's death. At that time, the "Pan-German Reich" under the regime of the National Socialists was in its fifth year of war. All resources were in very short supply, including those at the general hospital



Figure 4. Caspar von Zumbusch, memorial for the surgeon Theodor Billroth, arcaded courtyard of the University of Vienna, 1897. Photograph: Armin Plankensteiner, Institute for Art History, University of Vienna.

(Grois 1965, p. 204). As a result, the monument was initially made of plaster and was replaced by a marble reproduction in 1949. What, however, was expected at the time of a new monument erected for a surgeon from the previous century?

Historian Thomas Nipperdey has posited that national memorials are erected "essentially by established forces" in order to strengthen or extend power (Nipperdey 1968, p. 531). Nipperdey largely meant forces of the political kind. For the monuments of physicians, it can be equally true that they were erected by established forces: in the case of universities these were the power of the senate, the rectorship and other decision-makers. The installation of a monument during the Second World War must have been based on motivations that went beyond sheer scholarly *memoria*: a motif of propaganda would certainly have been involved. What did the NSDAP-affiliated doctors at the general hospital and the high-ranking representatives of the regime, who were present

⁴ Archiv der Universität Wien, Senat, Artistische Kommission: Fertige Denkmäler A-G (1886-1955), S. 93.13 Brücke, Ernst, Denkmal im Arkadenhof, 1893-1894 (Act).

⁵ Archiv der Universität Wien, Senat S. 87.1.36.



Figure 5. Michael Drobil, memorial statue for Theodor Billroth, large courtyard of the former General Hospital, now Campus of the University of Vienna, 1944 (in plaster)/1949 (in marble). Photograph: René Steyer, Institute for Art History, University of Vienna

at the unveiling, hope to gain from such a monument? How does this monument speak to those who look upon it?

The statue depicts a young and dynamic Billroth. His body is in frontal aspect, while his head is turned to cast an attentive glance to his left side. His hands meet at the height of his right hip, and his fingers appear as if the surgeon is disinfecting his hands. He is apparently performing this disinfection so thoroughly that the muscles of his underarms are clearly visible underneath the rolled-up sleeves of his surgeon's coat. In contrast to the Billroth statue in the arcaded courtyard, this effigy comes across as a three-dimensional snapshot that has arrested the energetic surgeon on his way to the operating theatre. This character of the image as if captured in the moment is emphasised further by the rough treatment of the marble. The circumstances of the installation of this statue – at the general hospital and during the fifth year of war – implies that this monument was not in-

tended to merely provide a *memoria* for the surgeon or even for antiseptics. Instead, it has the appearance of a personified rallying cry at the main entrance of the general hospital. Why, though, was Billroth considered a fitting model for the projection of National Socialist propaganda?

The national socialist propaganda organ *Der Völkische Beobachter* covered the anniversary of Billroth's death and the unveiling of the monument in several articles, including such publications as would reach the entire Reich. They celebrated Billroth as an "exemplary officer of sanitation" and "carer for the community and this, moreover, at wartime"⁶. As early as January 1944, the *Wiener Medizinischen Wochenschrift* published an article that was even more direct⁷. Titled *Billroth als Kriegschirurg während des Sommers 1870 (War surgeon Billroth during the summer of 1870)*, the four-page article stressed Billroth's "unshrinking", "energetic" scientific curiosity as well as his commitment in the military hospitals during the Franco-German war and his "unusual empathy". In conclusion, the author sums up that these exceptional qualities "can serve as guiding lights for our modern surgery"⁸. The dynamism, posture and rolled-up sleeves of the statue communicate an aim to evoke energy and drive. In doing so, the statue is an appeal to the war-weary doctors to show drive and empathy to their patients even under conditions made miserable by supply shortfalls and destruction. The underlying ideological agreement, however, was never explicitly stated in 1944: Billroth had fostered antisemitic sentiments in the opinions he voiced in his article "Über das Lehren und Lernen der medicinischen Wissenschaften an den Universitäten der deutschen Nation von 1875" ("On teaching and learning medical sciences at the universities of the German nation in 1875"), thereby offering himself up as an ideal choice for the projection of National Socialist propaganda. This fact was well known to the audience even fifty years after the medic's death. The initiator of the monument, Leopold Schönbauer, had been the head of the First Surgical Clinic since 1939 and later on joined the NSDAP as a member. His career continued seamlessly after the end of the war and when he unveiled the marble version of the Billroth statue in 1949, he did so in his position as the director of the General Hospital (Arias 2015, p. 324).

Sammelweis

If monuments are instigated by the powers of the time, doctors without an established lobby will not have a monument. Consequently, they are missing from our own, current-

⁶ See *Völkischer Beobachter*, Year 1944, No. 37, Wiener Ausgabe, Sunday, February 6, 1944, p. 8.

⁷ von Frisch O. *Billroth als Kriegschirurg während des Sommers 1870*. In: *Wiener Medizinische Wochenschrift*. 1944, vol. 98, No. 3/4, pp. 27-8.

⁸ *Ibid.*

day look at the history of physicians' monuments from a medical history point of view. While some medics were not honoured at all, others were honoured only after great delay. An important example for the latter category is the effigy of Ignaz Philipp Semmelweis.

Ignaz Philipp Semmelweis (1818-1865) was subject to great conflicts at the University of Vienna, and had to confront ample ignorance among his colleagues regarding his theory on the cause of childbed fever (Nuland 2003). As a result, he was not given a monument in the arcaded courtyard at the University of Vienna for a long time. It was not until the centenary of Semmelweis' death that an application for a monument was submitted to the senate and approved. The relief created by sculptor Alfred Hrdlicka was unveiled in the arcaded courtyard in 1967 (Fig. 6). Despite of the rough treatment of the marble, the gynaecologist's facial expression is clearly discernible. The style of the effigy not only reflects modern sculptural art but also seems particularly fitting for this belated monument. It does not show a flattering ideal representation of the admired scholar who is honoured shortly after his death. Instead, the monument itself expresses the difficulties Semmelweis faced during his time in Vienna and gives a voice to the scandal that his important discovery of antiseptic methods, which he achieved at the University of Vienna, was for such a long time not recognized at this very place in a fitting monument.

The Semmelweis relief was not the last monument to be erected in the arcaded courtyard, but it did mark the end of an era of frequent, flood-like extensions to this group of memorials. The post-war generation took a sceptical view of the cult-like adoration of persons, so that only few monuments were added after the 1970s (Engel 2017). It was not until 2016 that the first monument for a female physician was included in the collection, honouring psychologist Charlotte Bühler.

* * *

These few examples from the large collection of Viennese *material memories* show how much we can learn from a diligent cultural-historical study of the apparently invisible monuments with regard to their cultural, institutional and political situation. Research of these contexts absolutely must make them visible. It is this feat which makes projects like the large-scale HIMETOP⁹ as well as *monuments - Das Wiki zu den Denkmälern der Universität Wien* so exemplary: they create visibility for the monuments, collect the fundamental information on these memorials and create the basis for interdisciplinary research. In the Viennese context, it is also important to stress the work of the *Josephinum - Sammlungen der Medizinischen Universität Wien*. This collection will make available to the public the medic portraits in its



Figure 6. Alfred Hrdlicka, memorial relief for the gynaecologist Ignaz Philipp Semmelweis, arcaded courtyard of the University of Vienna, 1966/67. Photograph: René Steyer/Karl Pani, Institute for Art History, University of Vienna.

storage, including approx. 45 busts and approx. 35 relief portraits, which will thereby become part of the great public collection of medical history *material memories*.

Visibility and perception are the first steps to understanding monuments for what they are. Monuments – their intention, their form, and their style, their content and material design – are part of a historical, artistic and representative system of communication. When we take a conscious look and question them, what they tell us goes far beyond merely remembering a person from medical history.

(Translation from German by Nadezda Kinsky-Müngersdorff)

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⁹ <http://himetop.net>.

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British medical topography

Topografia medica britannica

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British medical topography is a complex and varied topic, which extends from pre-history up to the latest technologies. The British Isles have been inhabited for millennia, and this is reflected in the wide varieties of materials and locations that may be discovered. The locations described vary from those of major international significance to the more mundane, the knowledge of which is almost unknown out of their immediate locality. However considerable learnings and insights may be obtained from what may be perceived as apparently obscure and less significant. Hospitals and their associated archives are described, and the complex and varied origins of hospitals will be discussed. Plaques, monuments, and statues that are of medical significance are detailed in their great variety. Many colleges and societies have buildings and archives that are of note, and current concerns on the preservation of archives and libraries are discussed. Medical material is held in both specialist and general museums and key sites are noted. This paper can only give a flavor of the variety of material that is currently available. The paper shows how we can learn from the past, and be motivated and inspired by the achievements of those who have gone before us.

Key words: Great Britain, monuments, medical museums, minor locations

La topografia medica Britannica è un argomento complesso e variegato, che spazia dalla preistoria alle più recenti tecnologie. Le Isole Britanniche sono abitate da millenni e ciò si riflette nell'ampia gamma di materiali e luoghi che possono essere scoperti. I luoghi qui descritti variano da quelli di maggiore rilievo internazionale a quelli apparentemente più banali, praticamente sconosciuti al di fuori dell'ambito strettamente locale. In ogni caso, molti elementi di conoscenza e di comprensione possono essere acquisiti da ciò che, a prima vista, si presenta più oscuro e meno significativo. Nell'articolo si descrivono gli ospedali con gli archivi ad essi associati, congiuntamente alla complessa e variegata storia ospedaliera. Lapidi, monumenti e statue significativi per la storia medica verranno descritti nella loro grande ricchezza. Molte scuole e società possiedono edifici e archivi degni di nota: si esamina lo stato della conservazione di archivi e biblioteche. Molto materiale medico è conservato sia nei musei specializzati che in quelli generali e i siti più importanti in questo ambito sono evidenziati. Questo articolo è soltanto un campione della grande quantità di materiale disponibile al giorno d'oggi. Esso mostra che si può imparare dal passato oltre a sentirsi motivati e ispirati dai successi di coloro che ci hanno preceduto.

Parole chiave: Gran Bretagna, monumenti, museologia medica, luoghi minori

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Introduction

The British Isles have been inhabited for millennia, and the story of medicine passes back into pre-history. British medical topography is therefore a complex topic, and it is only possible to make a selection in a paper of this length. There are many hospitals, museums and memorials and some locations of note will be described. There are several books that list museums and places of medical interest (Alberti & Hallam 2013, Rosen & Rosen 1994, Williams 1996), however there are many location of only minor significance that will never appear in a book. One of the benefits of *Himetop* as a history of medicine topographical database is in the identification and documentation of these more minor locations, as well as recording those of greater significance.

Hospitals

The origins and development of British hospitals is complex (Barry & Carruthers 2005, Granshaw & Porter 1989). The earliest hospitals were monastic or charitable, and either offered care for a defined group or were almshouses for the poor and needy (Hobson 1926, Bailey 1988). As hospitals developed, we find the development of voluntary hospitals (Evans & Howard 1930), and state hospitals such as workhouses, metropolitan asylums and municipal or county hospitals (Crowther 1982, Fowler 2007). Local provision was provided in the 19th century by the development of cottage hospitals (Emrys-Roberts 1991). Most hospitals were traditionally provided and funded by local initiatives. Following the nationalization of health care in 1948 the model changed with the NHS (National Health Service), and healthcare was provided by the state to the community rather than by the community to itself. Whilst there are advantages to a state provided health service there is also an associated loss of a sense of local ownership and responsibility.

Many buildings have been used for a medical purpose, and it can be difficult to document them often simply because of the sheer number of locations and the paucity of documentation. In some cases the buildings or the site are still used for medical purposes and the history is still obvious. However, on many occasions the use has changed and no memorial is now to be found. As an example, Longleat House ¹, which is a stately home in Wiltshire and the seat of the Marquess of Bath, was used as an auxiliary military hospital in the Great War of 1914-1918. Lord and Lady Bath had offered the house as a hospital for officers in September 1914. Rooms in the house were used as wards, and the Bath Bedroom was used as an operating theatre. Whilst an exhibition and a visitors trail has been made, there is no current evidence of previous medical use, and if it was not for the

exhibition and leaflet the casual visitor would have no idea that the building once had had a medical use.

Many hospitals have been demolished and the site subsequently redeveloped. As an example the Bromley Cottage Hospital/Bromley and District Hospital (1869-2003) site was developed as housing, and there is now no memorial to indicate that there was ever a hospital on that location in spite of one being promised by the developers. When another generation passes the community will forget that there was even a hospital in Bromley town. In contrast, Beckenham Cottage Hospital (founded 1872) was redeveloped into a clinic, the Beckenham Beacon, with a sensitive incorporation of some of the original buildings into the new development.

Changes in medical practice means that older buildings are often no longer fit-for-purpose and so are either demolished or have their use converted. This happened to two large 19th century military hospitals, Netley Hospital in Hampshire ², and the Royal Herbert Hospital in South London. It was possible to skillfully convert the Royal Herbert Hospital buildings into residential apartments, and the external appearances of the hospital have changed little. However the Netley Hospital site proved more problematic, and it was not obvious what alternative use could be made of the enormous hospital buildings. All that remains of what was once said to be the worlds largest hospital is the chapel and the cemetery. The chapel houses an interesting museum of the story of the hospital, and the grounds, which overlook Southampton Water, are incorporated into the Royal Victoria Country Park. The atmosphere of the site is eerie with an awareness of all the sick and wounded who were treated there over the years.

Hospitals: monastic and religious foundations

Many hospitals started as monastic and religious foundations. One of the most famous is St Bartholomew's Hospital in London ³. St Bartholomew's Hospital was founded in 1123 by the monk Rahere and in 1546 was granted to the City of London by King Henry VIII. The museum has a permanent collection of archives, and displays medical and surgical equipment and works of art.

A different variety of religious or charitable foundations are the almshouses or *Maison Dieu*. There are a large number of such foundations ranging from the small to the large (Berridge 1987). Almshouses were set up as places of charitable voluntary care for those in need. The oldest of such institutions is St Cross, Winchester, which has the oldest continuous hospital history in Great Britain (Fig. 1). This Hospital of St Cross and Almshouse of Noble Poverty is located in St Cross

¹ www.longleat.co.uk.

² www.hants.gov.uk/rvcv.

³ <https://bartshhealth.nhs.uk/st-bartholomews-museum-and-archives>.



Figure 1.
The Hospital of St. Cross and Almshouse of Noble Poverty is located in St. Cross Road, Winchester.

Road in Winchester ⁴, and is remarkable that it is preserved in almost the same form as that given to it by the founder, Henry de Blois. Henry de Blois founded St Cross in 1136 for 13 poor men, and he stated: “*I, for the health of my soul and for the souls of my predecessors and of the Kings of England have founded that the poor in Christ may there humbly and devoutly serve God*” (Hobson 1926). This hospital continues today as it always has done, and in the Pompey Chimes (the newspaper of the Diocese of Portsmouth) for July/August 2017 an advertisement for “Vacancies for Brothers” was published. St Cross is now home to 25 retired laymen (*Brothers*), and each “*lives independently and each occupies a flat which he furnishes himself*”.

Hospitals: workhouses

The workhouses were developed for poor law relief, and were particularly necessary when relief under the Elizabethan Poor Laws collapsed following major growth of towns and relief at the parish level became less viable (Crowther 1982, Fowler 2007). However the trend of movement of the population from rural areas to towns and cities has continued. The Bromley Poor Law Union was formed in 1836, and was supervised by an elected Board of Guardians. There were seventeen Guardians of whom sixteen represented the constituent parishes comprising the union. The origin of the workhouses was the result of the Poor Law Amendment Act of 1834. This Act centralised the administration of the care of the destitute.

The workhouse system was also an attempt to separate the deserving from the supposedly undeserving poor. A net-

work of new Workhouses was built, and each one was to serve a radius of 10 miles around a market town. The old and the ill were housed in different buildings. To pay for the night’s accommodation the vagrants used to break stones or chop firewood. In the cells, offenders had to break large stones and pass the pieces through an adjustable grille with three different sizes of holes, selected by the taskmaster. Part of the reason that hospitals were disliked is that they were located in the hated workhouses.

As time passed the memories of the workhouses has faded and the buildings have been modified, often beyond recognition. At Bromley Union Workhouse in Kent (now the Princess Royal University Hospital) all that survives following redevelopment is the old hospital chapel of 1875. The workhouse buildings at Lewisham Hospital are more recognizable. A parish workhouse may be seen in Cudham and is now a private dwelling. The majority of the larger workhouses had medical officers and partially fulfilled the role of a hospital, and as such the change of role into a district general hospital was relatively straightforward.

Because of the changes to the workhouse buildings it is now difficult to get an idea as to the structure of the workhouses from the modern hospital sites. However The National Trust has preserved a workhouse in Southwell ⁵, which is close to its original state and is the best surviving workhouse in England. This workhouse, which was also known as Greet House, is located in the town of Southwell in Nottinghamshire. It is an early workhouse and was built in 1824. It can therefore be considered as a prototype of the Victorian workhouse. The Royal Commission on the Poor Law consid-

⁴ <http://hospitalofstcross.co.uk>.

⁵ www.nationaltrust.org.uk/the-workhouse-southwell.

ered it as the best example of the existing workhouses, and it is important since it was constructed before the Poor Law Amendment Act of 1834. The designers were William Adams Nicholson, an architect of Southwell and Lincoln, with the Revd. John T. Becher, who was a pioneer of workhouse and prison reform. The atmosphere even now has a bleak institutional feeling.

Hospital archives and museums

Many hospitals retain their archives, and some have a museum. The Royal London Hospital is a large teaching hospital in London with a long history, being founded by a group of philanthropists in 1740. The museum⁶ is located at St. Augustine with St Philip's Church in Whitechapel. The museum has sections on the history of the hospital and includes the story of the former London Hospital nurse Edith Cavell, and of Joseph Merrick, the so-called 'Elephant Man'. The remains of Joseph Merrick are too fragile to be shown, however a replica skeleton is now on display. There is on display an exhibit devoted to forensic medicine and featuring original material related to the infamous Jack the Ripper murders. The new Royal London building opened in February 2012, and the old building is currently empty, but will be redeveloped at some point.

There are a number of hospital medical museums and historical libraries located in hospitals that may be visited. One such is at the Royal Berkshire Hospital in Reading⁷. The Royal Berkshire Medical Museum is part of the Berkshire Medical Heritage Centre, and this was set up in 1997. The stated aim of the museum is to preserve and display items of historical medical interest, particularly those with a local connection.

It is this preservation of local connection that is so very important. Whilst it is good when archives and three-dimensional objects are preserved at a central location, it is better when they can be displayed close to where they were created. The Royal Free Hospital in Hampstead had a large archive and reading room, which could be visited and viewed easily. In 2013 the Royal Free Hospital transferred the archives of both the Royal Free Hospital and of the London (Royal Free Hospital) School of Medicine for Women to the London Metropolitan Archives (LMA)⁸. The catalogue of the LMA can be used to search the collections, the visitor can plan which documents to see when the LMA is visited. Whilst the archives have not been lost and they can be viewed at LMA, and whilst the advantages to the Royal Free London NHS

Trust might be imagined, it cannot but be felt that something has been lost. It is certainly more difficult for staff and students to use the archives, and the development of local expertise is more difficult.

There was a similar scenario at Queen Mary's Hospital in Sidcup. The Queen's Hospital, as it was then called, had a distinguished history in the Great War of 1914-1918 as a centre for the development of plastic surgery of the face under the pioneer Sir Harold Gillies (Petty 2013, Pound 1964). Considerable local effort had been expended to collect and document both primary and secondary material related to the role taken by the Queen's Hospital, in Sidcup in general and to Sir Harold Gillies in particular. The Gillies archives and library (Presswell & Bamji 2004) had the basement of the medical postgraduate educational center ("The Froggnal Centre"), and this archive was of considerable local interest. Unfortunately this building was not required by the Hospital Trust when the site was developed. The archive was forced to close, and the contents were redistributed. Again nothing of value was lost, however the material is not available locally and related materials are now held in separate locations.

Plaques

There are innumerable plaques with a medical reference on buildings. For example, the London blue plaques scheme was started as early as 1866, and is probably the oldest of its kind in the world, and many celebrate medical and scientific figures. The aim of these plaques is to link the people of the past with the buildings of the present. Some plaques are more formal and are run by English Heritage, and some are put up by small groups. A good example of a blue plaque is that celebrating the nurse Edith Cavell who was executed as a heroine in the Great War, and is displayed on the front of the old and now empty building of the London Hospital. Edith Cavell is also depicted in a striking statue in Charing Cross in London. In Queen Mary's Hospital in Sidcup there is a plaque celebrating Sir Harold Gillies who made the hospital famous in the Great War as a centre of plastic surgery (Fig. 2).

Statues

Many statues are displayed in our public spaces, and celebrate those whom the community has found significant and meaningful. However, and in part because of their emotional power, statues may also result in significant controversy if the subject is contentious, as illustrated by the current debate in the USA over statues commemorating leaders of the Confederacy. It is unusual for statues with a medical subject to be problematic, although there is concern in the USA about the statue of Dr. James Marion Sims in New York's Cen-

⁶ <https://bartshealth.nhs.uk/the-royal-london-hospital-museum-and-archives>.

⁷ www.royalberkshire.nhs.uk/get-involved/medical-museum.htm.

⁸ www.cityoflondon.gov.uk/things-to-do/london-metropolitan-archives/Pages/default.aspx.



Figure 2.

The plaque commemorating Sir Harold Gillies, the pioneer of plastic surgery, at Queen Mary's Hospital, Sidcup.

tral Park. Whilst Sims is a pioneer of gynaecology, he is also recorded as conducting experiments on African American women slaves.

A typical example of the medical statue is that of Sir Thomas Browne in Norwich Market Square, which was unveiled in 1905. The statue is so important that it has been classified as a grade 1 listed building to ensure its preservation. However statues are also being put up today, and a good recent example is that of Mary Seacole in the campus of St Thomas' Hospital in London. It is believed to be the first statue in honour of a named black woman in the United Kingdom. Mary Seacole was a nurse who was born in Jamaica, and who cared for wounded British soldiers during the Crimean War. The statue was the result of a twelve-year campaign that raised £ 500,000.

Church memorials and graves

Churches have long served as places of remembrance for those of importance to the community. Memorials and graves may be magnificent or quite simple, depending on the wealth

or importance attached those who are remembered. A large cathedral, such as that in Exeter, may contain many memorials that are of medical importance (Gardner-Thorpe 2000).

The person remembered may be of local importance only, and yet be of great interest to historians. There is a charming memorial in Winchester Cathedral to William John Wickham who was a surgeon at the Royal Hampshire County Hospital (Fig. 3) (Turner 1986). When Wickham died in 1864 he had been a consultant at the Hospital for some 40 years, and succeeded his father in a large general practice before becoming Consulting Surgeon to the Hants (Royal Hampshire) County Hospital. The epitaph records that "*in a loving and Christian spirit he healed the sick and comforted the afflicted*". The marble portrait was made by Richard Cockle Lucas and is a masterpiece. The memorial remains even though the subject is long forgotten.

Of particular interest is the Parish Church of St Margaret of Antioch in East Wellow, Hampshire (Wellow Historical Society 2002). The present stone and flint church was consecrated in 1215, and replaced an earlier stone building. It is typical of many of Britain's older parish churches. In the churchyard to the south of the church is to be found the burial

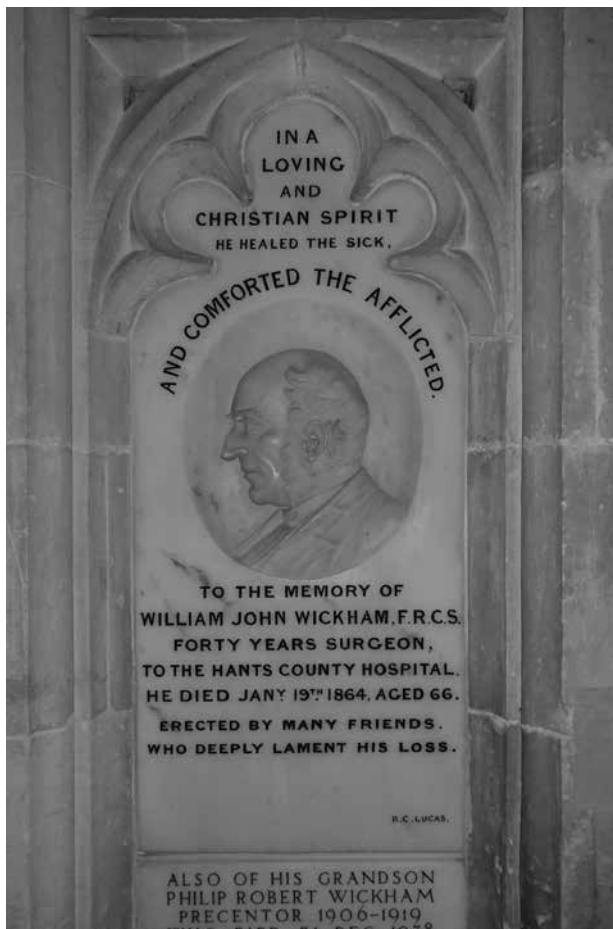


Figure 3.
Commemorative plaque by Richard Cockle Lucas at Winchester Cathedral to William John Wickham who was consulting surgeon at the Royal Hampshire County Hospital.



Figure 4.
The grave of Florence Nightingale at the Parish Church of St Margaret of Antioch in East Wellow, Hampshire.

place of Florence Nightingale (Fig. 4). This site is a place of pilgrimage for nurses who come here from all over the world as evidenced by the visitor's book. As instructed by Florence's will the inscription is very simple, reading: "*F.N. born May 12 1820 died August 13 1910*". Other family inscriptions have been added. Inside the church there is a plaque, and artifacts relating to Florence Nightingale are displayed including a replica of the Scutari Cross, which was made from bullets by a soldier in the Crimean War (Fig. 5). Particularly moving is a piece of paper left on the grave, which reads: "*To Florence a girl is proud of what you've done from a girl in the future*". This simple piece of paper illustrates why memorials are so important, and how figures from the past are able to inspire and illuminate our lives today (Fig. 6).

Colleges and organizations

Many of the medical Royal Colleges and societies have significant archives, and some have attached libraries and museums. Of particular note is the Royal College of Physi-

cians (RCP) of London⁹. Great Britain has three physicians' colleges, with the other two being in Edinburgh and Glasgow. The RCP is housed in a radically modern building, and its grade I listing reflects its architectural importance, having been designed by Sir Denys Lasdun and opened in 1964 (Moore 2014). The RCP is the oldest medical college in England. It was founded under royal charter under King Henry VIII, and is going to celebrate its quincentenary in 2018.

The RCP is an independent professional organization, responsible for professional standards; however it houses significant collections. There is a medicinal garden with 1,300 plants, a large collection of portraits, a collection of silver, and a collection of apothecary jars and medical instruments (Davenport, McDonald, Moss-Gibbons 2001).

The RCP made a decision that its library, the Dorchester Library, should concentrate on historical books and not to provide modern medical texts, and this has proved to be a

⁹ www.rcplondon.ac.uk.



Figure 5.
The Scutari Cross, made from bullets by a soldier in the Crimean War, and presented to Florence Nightingale.

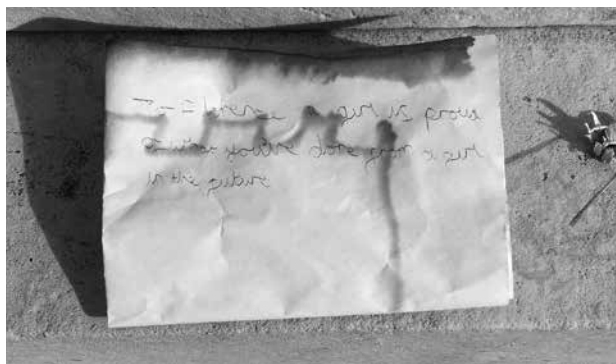


Figure 6.
A paper left on the grave of Florence Nightingale, which reads "To Florence a girl is proud of what you've done from a girl in the future".

wise decision. The gifts of RCP fellows have resulted in an astounding library, with the most significant early donation being the gift by William Harvey in 1556 of his personal library. In the Thomas Cotton Room is held the library and archives of the Osler Club of London. The Censor's Room is lined with 17th century Spanish oak and has been moved twice before arriving in its current location. A portrait of the RCP founder King Henry VIII dominates the room.

The RCP is a model of a medical college with a fruitful fusion of the old and the new. The past seen by itself can become dry and irrelevant to modern concerns, however the present isolated from the past becomes deracinated and rootless.

However, a well-resourced organisation such as the RCP is able to preserve its history and heritage in a manner that others have found more problematic. So as an example, the

British Institute of Radiology ¹⁰, which is the oldest radiological society in the world being founded in 1897, had to leave its central London listed building and move to a significantly smaller home. As a result the library and archives were closed, and although everything of value has been preserved they are no longer located in one accessible space. A leaner and effective organization has been created which meets the professional and educational requirements of today's radiology practitioners. However, something has been lost, although for good reasons.

Increasing financial pressures make the preservation of the past difficult and decisions as to priority need to be made. The historian Tilli Tansey (Tansey 1999) has thoughtfully considered this issue as to what should be kept from the "dustbin of history". The conclusion is that most items need not be kept. We cannot keep everything from the past and a selection has to be made. We need to remember that any selection about what is kept reflects our current biases as much as any intrinsic value of the material itself, and that future generations may not agree with our choices.

Museums

There are many museums in the United Kingdom ranging from large general museums in big cities to small local museums, and many have a medical content. For example, there are medical galleries in the Science Museum in London ¹¹ that are currently being renewed. There are many unique exhibits including the first EMI/CT scanner from Atkinson Morley's Hospital is in the Science Museum in London (Fig. 7). There are displays in the Oxford Museum of the History of Science ¹².

There are significant contemporary discussions on the past, present, and future of medical museums (Alberti & Hallam 2013), and the role of museums have changed significantly in the last fifty years. Traditionally, medical museums were aimed at health care students and practitioners, and the general public was not invited to view what were seen as sensitive exhibits. The general public is now being allowed into medical museums and the result has proven to be very successful.

Specialist museums and libraries

There are many specialist museums and libraries and a selection will be described.

¹⁰ www.bir.org.uk.

¹¹ <https://group.sciencemuseum.org.uk>.

¹² www.mhs.ox.ac.uk.



Figure 7.
The first EMICT scanner from Atkinson Morley's Hospital on display in the Science Museum, London.

*Bethlem, Museum of the Mind*¹³

The Bethlem Hospital was founded in 1247 as the Priory of St. Mary of Bethlehem, and was one of the five Royal Hospitals in the City of London (Allderidge 1997, Chambers 2009). The hospital was the original “Bedlam”, and its very name has come to symbolize mental health care and issues involving madness. The hospital has moved three times since its initial foundation, and is now sited in a former country house in the outskirts of South London in Monks Orchard Road, Beckenham.

The Bethlem Museum of the Mind is located on the hospital site, and has the aim to record the lives and experience, and to celebrate the achievements of people with mental health problems. The museum has a wealth of resources for learning about mental health, and supports CPD (continuing professional development) for health care professionals. The archives extend over five centuries and are unrivalled, being used for research. Of interest is the presence of the Bethlem Gallery, which provides a platform for the display of work by artists who are either current or past patients of South London and Maudsley NHS Foundation Trust.

*Chelsea Physic Garden*¹⁴

The Chelsea Physic Garden was established in London in 1673 as the Apothecaries' Garden. This physic garden is one of the oldest botanical garden in Great Britain, being formed after the University of Oxford Botanic Garden of 1621, and the Royal Botanic Garden of Edinburgh of 1670. Its initial purpose was to train apprentices in the identification and use

of medicinal plants. The international reputation of the garden was established due to a global seed exchange scheme, the *Index Seminum*, which started the 1700's and continues today. A variety of growing environments were established, including a Grade II listed Pond Rockery, Fortune's Tank Pond, and one of the first heated greenhouses. The Pond Rockery, completed in 1773, is the oldest of its type in Europe and uses Icelandic lava acquired in 1772. Today the garden has a significant role in education, and has a medicinal plant display.

*Freud Museum London*¹⁵

The Freud Museum is dedicated to the psychoanalyst Sigmund Freud, and is located in the house where he lived with his family towards the end of his life. Sigmund Freud came to London in 1938, and moved to 20 Maresfield Gardens where the museum is located. Freud died a year later, and his daughter Anna Freud lived there until her death in 1982. It was the wish of Anna Freud that the house be used as a museum after her death, and it was first opened to the public in 1986. The museum houses Freud's large collection of antiquities, and also his library.

*Florence Nightingale Museum*¹⁶

The Florence Nightingale Museum is located in the St. Thomas' Hospital campus. The museum celebrates the life, times and the work of the world's best-known nurse. The museum considers her legacy, her influence on nursing today and the continuing relevance of her work.

*Hunterian Museum, Royal College of Surgeons of London*¹⁷

The Hunterian Museum is currently (2017) closed to the public, while the Royal College of Surgeons building is redeveloped, and will reopen in the autumn of 2020. The Hunterian Museum has an unrivalled collection of human and non-human anatomical and pathological specimens, models, instruments, painting and sculptures. The museum is based on the collection of the surgeon John Hunter who died in 1793. Hunter left a collection that had been amassed over 30 years (Negus 1966). The Royal College of Surgeons itself has significant artistic collections, and an interesting collection of portrait busts of surgeons (Negus 1967).

*John Wesley's House*¹⁸

Many small museums display items of significant medical importance, and this is not obviously apparent with a su-

¹³ <http://museumofthemind.org.uk>.

¹⁴ <http://chelseaphysicgarden.co.uk>.

¹⁵ <https://freud.org.uk/visit/>.

¹⁶ www.florence-nightingale.co.uk.

¹⁷ <https://www.rcseng.ac.uk/museums-and-archives/hunterian-museum/>.

¹⁸ <https://www.wesleysheritage.org.uk/your-visit/john-wesleys-house/>.

perfidious viewing of the site. Such an example is John Wesley's house. It is both the finest surviving example of a small Georgian house in London, as well as a display of the life and times of the founder of Methodism. It was built by Wesley in 1779, and he lived here for last twelve winters of his life. The house displays his electrical machine (Fig. 8), which he used for the medical care of his congregation (Hill 1958). The machine is a fine example of the apparatus used for electrotherapy. It was John Wesley and Richard Lovett who in 1754 were among the first to use electricity as a medical curative agent.

*Langdon Down Museum of Learning Disability*¹⁹

The Langdon Down Museum of Learning Disability is located at Normansfield in Teddington. It is on the site of the home and institution developed by Dr. John Langdon Down who described Down Syndrome. There are exhibitions about the life and work of Down, and the Royal Earlswood Asylum. The museum is owned and managed by the Down's Syndrome Association.

*The Old Operating Theatre Museum and Herb Garret*²⁰

This museum is fascinating and is Europe's oldest surviving operating theatre, dating from the period before the use of anaesthesia. It was lost for many years, which is why it survived, and was relatively recently discovered and opened for viewing. It is dated to 1822, and was housed within the attic of an 18th century church. This attic was used by apothecaries to store the herbs that were required to make medicines. The museum has a full programme of activities for the public and interested professionals related to the history of medicine, particularly concentrating on surgery and anaesthesia.

*Thackray Medical Museum*²¹

The Thackray Medical Museum is located in what was the old Leeds Union Workhouse, and is adjacent to St James's University Hospital. It is a major medical history museum, and has won many awards. The museum has a significant educational role in the local community, and organises many meetings and conferences.

*Royal Society of Medicine*²²

The Royal Society of Medicine (RSM) makes a major contribution to postgraduate medical education in Great Britain. The Society was formed in 1805 as *The Medical and Chirurgical Society of London*, and has had a number of previous locations (Hunting 2002).

In 1907 the Royal Medical and Chirurgical Society of



Figure 8.
John Wesley's electrical apparatus used for early electrotherapy.

London combined with seventeen specialist medical societies and became the Royal Society of Medicine. In 1910 the Society moved to its current location on the corner of Wimpole Street and Henrietta Place, which was opened by King George V and Queen Mary in May 1912. Honorary Fellows of the Royal Medical and Chirurgical Society of London include Charles Darwin, Louis Pasteur, Edward Jenner, and Sigmund Freud.

As well as organizing meetings the RSM has a large and world famous library, containing both contemporary and historical books and is an invaluable resource. The house is of interest as a sensitive modernization of an older building, and displayed therein is a large collection of paintings, including many important portraits of famous doctors.

*Surgeons' Hall Museums, Edinburgh*²³

The Museums at Surgeons' Hall reopened in 2015 after a major £ 4.4 million Heritage Lottery Funded redevelopment project. The Heritage Lottery Fund has contributed significant sums of money to projects of general public good, and this project is a good example of the use of lottery money. Surgeons' Hall Museums are one of the oldest Museums in Scotland. In 1699 "natural and artificial curiosities" were pub-

¹⁹ <https://langdondownmuseum.org.uk>.

²⁰ <http://oldoperatingtheatre.com>.

²¹ www.thackraymedicalmuseum.co.uk.

²² <https://www.rsm.ac.uk>.

²³ <https://museum.rcsed.ac.uk>.

lically sought, and in 1832 the purpose-built Playfair Building opened to house the Barclay and Bell collections. Whereas the collections were initially seen as a teaching resource for medical professionals, the public is now able to visit.

There are three collections at Surgeons' Hall:

1. The *Wohl Pathology Museum* is located in the upper floor of the 19th century Playfair Building, and is one of the world's largest collections of pathological anatomy. Visitors can view cabinets of curiosity in the 1500's, and can learn how specimens are prepared and preserved. It is interesting to realize that access to the Upper Wohl Pathology Museum is now granted for the first time to the general public. Material that even a short time ago would be seen as inappropriate for public viewing is now displayed. Has medicine changed, or is it the public perception that has changed?
2. The *History of Surgery Museum* displays the unique contributions that Edinburgh has made to surgery. The museum therefore looks at James Syme and the practice of surgery before anaesthesia, antiseptics and the work of Joseph Lister, and anaesthesia and James Young Simpson. The history of the Royal College of Surgeons of Edinburgh is described from its foundation in 1505 to the present day. There is a dedicated Anatomy Theatre, which has an interactive dissection table.
3. The *Dental Collection* gives an account of the development of dentistry from its earliest days. The large collection includes many dental instruments, artifacts, prints, paintings, engravings and models. A display depicts a 19th century dentist's office with contemporary dental instruments.

*Wellcome Collection*²⁴

The Wellcome Collection is a museum and gallery in Euston Road in London. The collection was founded by Sir Henry Wellcome as an eclectic and unusual mix of medical artifacts and original artworks. The aim is to explore "ideas about the connections between medicine, life and art". The Wellcome Collection has a permanent display and very popular temporary exhibitions with public lectures. There is an active and successful engagement with the general public. On the site is the renowned Wellcome Library, which has an unparalleled collection of books, journals and ephemera.

*Worcester Medical Museums*²⁵

There are two medical museums in Worcester giving an account of the medical history of the town and environs. These are the Infirmary Museum and the George Marshall Medical Museum.

The Infirmary Museum is located in University of Worcester's City Campus and tells the story of one of England's oldest infirmaries which was founded in 1771, and

which closed in 2002. It was the local doctor Sir Charles Hastings who in July 1832 presided over the first meeting of the Provincial Medical and Surgical Association, and this society later became the British Medical Association.

The George Marshall Medical Museum is located in the Charles Hastings Education Centre and his collection of objects illustrates the development of medicine over a period of 250 years. The displays include death masks of hanged criminals, a reconstructed apothecary shop, and a Victorian operating theatre.

*The Worshipful Society of Apothecaries of London*²⁶

The Society of Apothecaries was founded by a Royal Charter in 1617 and is one of the livery companies in the City of London (Hunting 1998). The Society was a centre for the production of pharmaceuticals at the Hall (1671-1922), was the founder (1673) of the Chelsea Physic Garden, and a medical examining and licensing body from 1815 to the present day. The Society is involved in specialist areas of medicine, and in particular has a successful course on the history of medicine. The original Apothecaries Hall was destroyed in the Great Fire of London of 1666, and the new hall completed in 1672. The appearance of the Hall has altered little since the late-eighteenth century. Inside the hall is a wonderful collection of busts, paintings, and a collection related to the role of the apothecary.

Conclusions

The medical story of the United Kingdom is rich and varied, and has been recorded in memorials, plaques and statues. This paper hopefully gives a flavour of the variety of material that is available. We primarily learn by following those who have been before us. It was Isaac Newton in 1675 who stated: "If I have seen further, it is by standing on the shoulders of giants", and this is recorded on the edge of the modern two pound British coin. We can all join with that modern girl in East Wellow and say: "To Florence a girl is proud of what you've done from a girl in the future". We can learn from those in the past, and be proud, motivated and inspired by their achievements.

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²⁴ <https://wellcomecollection.org>.

²⁵ <https://medicalmuseum.org.uk>.

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From hospital “knife” to cultural museum artefact

Da “ferro” ospedaliero a bene culturale musealizzato

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The University of Siena for almost thirty years has chosen to safeguard and preserve its scientific equipment no longer in use, to study it and to make it available to the public. This choice, at the time considered a “rescue operation” in a context of abandonment, was a fixed point in the process of changing mentality and the beginning of a non-occasional recovery of historical scientific assets. There was also the creation of an organized depository, in conjunction with the establishment of a Siena University Museums System (SIMUS). Over the years, the instruments recovered and cataloged have been valued through temporary exhibitions, but especially have become a fundamental tool for teaching and scientific dissemination to school students, as well as for career counseling. Today, SIMUS has a new great cultural opportunity: to become an actor in local development and to transform its cultural heritage into an effective means of communication with the outside. A new Medical Instrumentation Museum is the latest result of the research work carried out by the staff of the Center for the Protection and Valorization of the Ancient Scientific Heritage (CUTVAP).

Key words: Scientific cultural heritage, scientific museology, cataloging, science popularization, organized depository

L'Università di Siena da quasi trenta anni ha scelto di salvaguardare e conservare le proprie attrezzature scientifiche non più in uso, studiarle e renderle fruibili. Tale scelta, all'epoca considerata una “operazione di soccorso” in un contesto di abbandono, ha rappresentato un punto fermo nel processo di cambiamento di mentalità e l'inizio di un recupero non occasionale dei beni storico scientifici e della costituzione di un deposito organizzato, in concomitanza con l'istituzione di un Sistema Museale Universitario Senese (SIMUS). Negli anni la strumentaria recuperata e catalogata è stata valorizzata attraverso esposizioni temporanee ma soprattutto è divenuta lo strumento fondamentale per attività di didattica e divulgazione scientifica rivolta agli studenti delle scuole, anche in un'ottica di orientamento agli studi universitari. Oggi il SIMUS ha dinanzi a sé una nuova grande opportunità culturale: divenire attore dello sviluppo locale e far sì che i propri beni possano divenire un efficace strumento di comunicazione con l'esterno. E intende realizzarlo attraverso il nuovo Museo di Strumentaria Medica, l'esito più recente dell'attività di tutela e di ricerca condotta dal personale del Centro per la Tutela e la valorizzazione dell'antico patrimonio scientifico (CUTVAP).

Parole chiave: Beni culturali scientifici, museologia scientifica, catalogazione, divulgazione scientifica, deposito organizzato

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The evolution of knowledge and its diversification in various fields has led to the oldest universities, such as that in Siena, becoming custodians of extraordinary collections of cultural artefacts, constructed or acquired for purposes of research and education. The academic museum phenomenon is very specific and one still not fully studied but, especially in our country, it boasts significant dimensions and expressions of great historical/documentary value. These artefacts have undergone different fates, following that of the Cabinet or Institution where they were preserved, in some cases abandoned and in others highly valued.

Beginning in the 1990s, the University of Siena has made the exacting and courageous choice to safeguard and preserve its scientific equipment no longer in use and to study it, in order to make it available.

One of the greatest difficulties we have encountered, over almost three decades of daily work protecting scientific cultural artefacts, is tied to the nature of the items themselves: either too ephemeral, because often these were materials which, once they had fulfilled their function, were thrown away; or sometimes too specialized to interest ordinary citizen; or, absurdly, too important in their scientific purpose to think they might become museum “objects.”

Thus, why should one safeguard scientific cultural artefacts, specifically those of a medical nature? Moreover, how? We asked these questions ourselves at the end of the 20th century when, clinic after clinic and ward after ward, the thousand-year-old *Hospital of Santa Maria della Scala* was closed and its public health functions transferred to new locations. Most people wished to leave behind instruments and equipment considered old and obsolete to go someplace outfitted in a modern manner with state-of-the-art tools.

Receiving curious looks, we began to put aside equipment and tools with the aim of saving them from disposal, and then studying and appraising them. This took place in the years when the Tuscany Region debated the possibility of protecting artefacts coming from Hospital institutions, but before legislation was passed on this subject, and fifteen years before the *Code for cultural assets and landscapes* (January 22, 2004 Legislative Decree n. 42) would identify among the “items subject to specific protection provisions” (Article 11) “items and tools of interest for the history of science and technology over fifty years old”.

Yet, already in 1924, the Florentine doctor and historian of science Andrea Corsini in his essay *Per il patrimonio storico-scientifico italiano* (For Italian historical-scientific heritage), published in the journal *Archivio di Storia della Scienza*, called attention to the enormous scientific patrimony “destined to fall into disrepair and dispersal” in that it was “neglected and not overseen by anyone”. In addition, in doing so he advanced a – to say the least – revolutionary proposal: to consider science and the tools connected to it “cultural assets” in the modern sense, i.e. something to be protected and transmitted to the collective memory. His worry, concerning

a steady loss of said patrimony, with the resulting scattering of the original collections, owing in part to rapid technological development and advancements in said disciplines, is evident even in Siena’s present if we check the historical inventories which record, among other things, significant discharges which led to the loss of almost all equipment from the nineteenth and the early 20th century.

Therefore, the University of Siena’s decision, considered at the time a “rescue operation” amidst shocking dereliction, represented at the end of the 20th century a turning point in the process of changing mentality and the beginning of a non-sporadic recovery of historical-scientific artefacts and the formation of an organized depository, with eyes toward the future creation of a structured museum of the Medical art. Thus, Siena has a long, organized experience which has seen the salvation, protection and appreciation of scientific tools and equipment which in this year 2017 shall find an exposition space within the walls of Siena – in the 18th century church of Santa Maria Maddalena – devoted to creating the University Museum of Medical Equipment (*Strumentaria*).

The medical equipment of Santa Maria della Scala, “the Thousand-Year Hospital”

Everything began, as was just highlighted, in the moment when the old Siennese hospital was transferred to a new location. In its old location in front of the Duomo – which for centuries saw the welcoming of pilgrims, treatment of the ill, and above all, research and education for students of the medical school – equipment and tools no longer in use were abandoned, destined to be thrown away.

Some of these very tools, which could be saved, have become the starting nucleus of a collection which today includes, in the part devoted to medical instruments alone, around 6,000 artefacts from the 17th to 20th century: 18th - 19th century surgical tools and equipment from the ex-Hospital of *Santa Maria della Scala*; tools related to different disciplines, coming in large part from the Institutes of the University of Siena (psychological, ocular, anesthesiological, odontological, physiological, gynaecological and obstetric tools); apparatus and instruments coming from local Health Facilities and from private donations.

Supplementing these is the collection of scientific glassware – around 1,200 artefacts of the 19th and 20th century acquired through donations by some Institutions of the University of Siena and ARPAT (Tuscany’s Regional Agency for Environmental Protection) – and a rich library, with catalogues of businesses and suppliers of the period, museum catalogues related to scientific equipment and a variety of documentation from University Departments and Institutes, transferred together with the collections.

This enormous patrimony has obvious value, which is not merely economic, but much more important if one con-

siders its importance in the history and evolution of medical science and at the same time the ability to preserve the memory of one of the oldest hospitals in the world.

Indeed, this latter aspect assumes a noteworthy significance.

There are varieties of definitions for “museum” in use today and each illustrates specific characteristics: nevertheless, even in the most widely accepted of these, an aspect is often left out which is typically Italian and of particular interest in our essay, which identifies the museum as a “*depository of a community's memory and identity*”. In this sense, the work performed to save the historic-scientific assets of the Siense hospital represented the foundation of a project for cultural recovery of a patrimony – the importance of which was only recognized by many later on – which is able to illustrate an important segment of a civic community's history which made knowledge and hospitality its key elements. Indeed, Santa Maria represented over the span of a millennium an important site welcoming foreigners and pilgrims along the Via Francigena, the seat of the Siense academy's medical faculty, which is documented beginning in 1240, and from the 14th century a centre for treatment.

The creation of a University services Centre and an organized depository

It is impossible to think of saving and valuing such an imposing patrimony by placing it in a museum, without first tending to its safety, restoration, study, photographing and cataloguing. The appraisal of cultural artefacts is a complex process, which begins with them being studied to guarantee adequate preservation and safeguarding, to arrive at promoting knowledge of this patrimony and its public enjoyment.

For this, based on the choice made in the 1990s, the University of Siena formed an academic service Centre called the Centre for Protection and Appreciation of Antique Scientific Patrimony (CUTVAP), whose history follows and accompanies the evolution of the process of recognizing health and hospital tools and equipment as cultural artefacts and their subsequent safeguarding and appreciation. CUTVAP was born in 1994 thanks to the dedication and far-sightedness of some university researchers and staff who perceived the historical and scientific potential of tools, equipment and documentation destined for disposal or shredding¹.

Its history developed through a series of actions that brought about the creation of an “organized depository” (Fig. 1) which could handle the collections' growth, developing it through new acquisitions, the fruit of selection in periods when inventory was discarded and by potential do-



Figure 1.
The organized depository.

nations from civic and private entities. Thus, not a traditional museum, but a gathering place in which it was possible to carry out, thanks to the expertise present, all the activities necessary to safeguard a scientific artefact and its future appreciation: conservational recovery and restoration, cataloguing, photographic recording, exhibition, and achieving improved training in these fields (Figs. 2,3).

Indeed the structure was composed of:

- a section prepared specially for collections which had already been catalogued and were in the course of being studied: the true organized depository;
- warehouses for gathering new acquisitions;
- laboratories for photographic recording and restoration;
- a specialist library.

Thus, a slim and dynamic technical structure, with the goal of safeguarding historical scientific patrimony, on behalf of the whole academy as well as outsiders.

Over the years, these activities grew thanks to the staff's specialization, above all in relation to inventory and cataloguing. The Centre was part of the workgroup made up of computer specialists and scholars in various disciplines, at the Institute of the Museum of the History of Science in



Figure 2.
Cleaning and restoration.

¹ In order to disseminate its activity of protection of the scientific cultural heritage, CUTVAP promotes the publication of a series of inventories of scientific instruments. Up to date the series “Materiali” reached 15 titles: <http://www.simus.unisi.it/it/musei/cutvap/publicazioni> (accessed: December 2017).



Figure 3.
Photographic shooting.

Florence, which developed the SIC (Scientific Instrument Catalogue), a program destined to catalogue scientific tools of historical interest – tested and approved by the Central Catalogue Institute (ICCD) of the Ministry of Cultural assets and activities – which evolved into the catalogue system dedicated to said assets today: the PST (Scientific and Technological Patrimony) system.

To fully understand the value of our work, it is always worth keeping in mind that in order to give an artefact value it is necessary that it first be protected and preserved, studied, photographed and catalogued. One must activate the “knowledge process” which is the foundation of cataloguing. Cataloguing is an “*essential moment in the protection of cultural patrimony*” (January 22, 2004 Legislative Decree n. 42): it is not just creating a list of artefacts, but it means activating a “cognitive project” (Fig. 4). It is a “reasoned knowledge-gathering” which allows an object to be framed within a system of scientific knowledge and historical-critical relations, fundamental for its protection and subsequent appreciation.

Developing the national catalogue system that facilitates the cataloguing of scientific artefacts was a decisive step toward effective protection work. Today the Centre’s personnel continuously perform computer cataloguing activities using the *SIGECweb* platform, also taking care of the necessary photographic recording of the artefacts. At the same time, for each collection catalogued a printed inventory is created, published in the *Collanna Materiali*, which today boasts 15 volumes.

Alongside these activities, although occurring less frequently, there is the realization of, or participation in, tem-

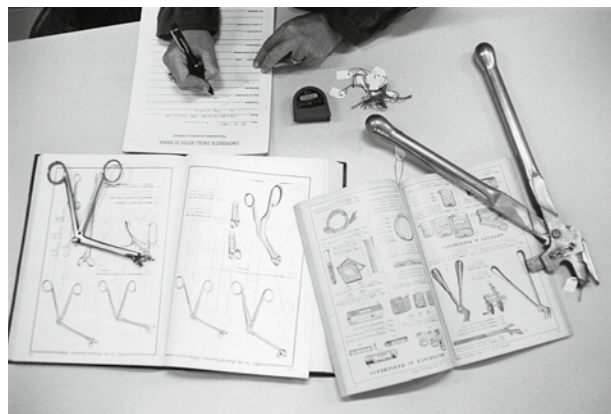


Figure 4.
File cataloging.

porary exhibition events which have as their primary “protagonist” the scientific tool, displayed according to museum criteria for *objet d’art*.

Also of great importance for the structure’s goals is training in the sector of protecting historical scientific patrimony. For this, through the years, it has organized specific courses on protecting patrimony and on its cataloguing, as well as two offerings of a university masters on “Curation and management of museums and collections of naturalist and historical-scientific artefacts”.

Days of Medical Museum Studies

From the experience just described and the spreading of interest in historical-scientific heritage in the field of medicine, which has gained increasing importance in recent years, in 2012, thanks to SIMUS’s President Francesca Vannozzi, the idea was born for a day dedicated to Medical Museum Studies. Each year, the conference, which is hosted in turns by Italian Academies with museums and medical collections, is dedicated to a specific type of scientific artefact that characterizes the host University. The Italian Society for the History of Medicine (SISM), recognizing the strength of the idea, wished to insert these Days on its calendar of events beginning with its first celebration.

The Day of Medical Museum Studies has become by now a customary meeting for members of the Society for the History of Medicine and for those interested and dedicated to the issues of safeguarding historical patrimony in the health field. Even the selection of the location in a university city with academic collections and museums, which annually take turns hosting the Day, is important not just for proper appreciation of the local university’s historical-scientific patrimony, but also to draw attention to a particular type of little-known scientific artefact: thus we spoke of the Paleopathological and Pathological Anatomy collections in Chieti (2012), of Obstetrics in Bologna (2013), of Dentistry in Torino (2014).

In 2015 in Siena, on the other hand, attention was drawn to a different type of scientific artefact with a large contribution to the historical materials which populate the university museums: tables and graphic materials, tools which Medicine has always availed itself of for educational purposes. The occasion arose from the commemoration of the bicentennial of the death of Paolo Mascagni, the “Prince of Anatomists”, who spent most of his professional life in Siena.

Moreover, historical collections in Dermatology were at the centre of the 2016 days hosted in Florence, while the topic of *Medical Publicity. Forms of communication of artistic and museum interest in public and private collections* was discussed in the 2017 conference, held in Cagliari.

Through these Days and their particular knowledge-spreading approach, we believe the scientific museum can accomplish, with the irreplaceable aid of collections, its job of displaying and documenting the importance and function scientific research, in particular medical research, has had and continues to have in society’s development. In this way, science can no longer be considered as just a simple acquisition of concepts, names and formulae but as an integral part of civil society, and it can become an active and unique element for its education and cultural elevation.

A precise cultural choice: artefacts as tools for the diffusion of scientific knowledge

If up until this point we have briefly recounted our history of responding the question “how to save a cultural scientific artefact”, it is now our intention to explain the use we have made of said patrimony.

In 2007 the Sienese academy instituted a true University Museum System (SIMUS) which gathered together nine different museums in one coordinated structure. These offer exhibition itineraries dedicated to various fields of discipline – historic, artistic, archaeological, scientific and natural – realized through the collection of assets the university had put together over the centuries to serve as tools and aids for research, education and diffusion of knowledge. The museums which today form the Siena University Museum System (SIMUS) are: the Archive and Academic Historical Itinerary, the Museum of Medical Equipment (previously Collections of the University services Centre CUTVAP), the Collections of Physics Equipment, the Prehistoric and Archaeological Collections, the “Leonetto Comparini” Anatomical Museum, the Botanical Museum with the Botanical Garden and Herbarium, the National Antarctic Museum, the Museum of Earth Sciences and the Astronomical Observatory.

It is through the new SIMUS structure that a precise choice of cultural policy has been achieved.

While preserving the activities and expertise described up until this point, the university museums have begun to dedicate themselves in a strong way to appreciating its assets

as a tool for diffusion of scientific knowledge. On one hand, the aforementioned idea according to which museums are an integral part of civil society and its culture and therefore oversee, generate and transfer knowledge, necessarily leads us to question the methods through which said knowledge can be shared and spread. Furthermore, in this particular historical moment in which information has assumed an unprecedented central position, the issue of diffusion of science is seen as a group of activities that vary but, nevertheless, aim to make science a public asset. Indeed this is a fundamental task for university institutions which, having the primary aim of research and education of young people, must act as a result toward the achievement and growth of social wellbeing, via cultural, social and environmental development (UNESCO, 1999, “Declaration on Science and the use of Scientific Knowledge”).

In that sense, our artefacts assume a new life inserted into projects which have the goal of imparting and explaining science to young people and to those who are interested, to pique their curiosity, to supply them with a rather exhaustive framework of how the sciences can become optimal career outlets. And this, in our opinion, is a particularly fruitful way in which to gain value from cultural scientific assets and to allow science to assume a new and extremely trenchant role “in society and for society,” oriented toward a process for the democratization of scientific knowledge.

This goal finds its ideal home in the realization of science museums, which offer experiences conceived and realized to put willing and active participation in action; intense experiences such as events which spark biunivocal discourses, where participants have equal weight and power.

With these objectives, the Siena University Museum System, fuelled by the desire to directly involve young people and schools has designed and realized the ESCAC project “Scientific Education for an Active and Aware citizenry”, supported by the Tuscan Regional School Office - Province of Siena Territory. Said project, which this year celebrates its seventh anniversary, represents a particularly intriguing challenge regarding the ability of SIMUS and scholastic institutions to cooperate in the identification of methodological models capable of getting young people interested in the multi-faceted world of sciences, in a way that is active and participatory and at the same time simple and fun. Thanks to decisive action and sincere collaboration between the Province of Siena’s educational sphere and the world of scientific museum studies it was possible to realize ludo-educational experiences which represent a useful complement to curricular education in the scientific disciplines. At the heart of this is the ability of the System and of the custodians and operators of the eight university museums that compose SIMUS to:

- effect synergies with the formal and informal educational institutions present in the province, directly involving teachers and students;

- value the collections and objects present in the museums by introducing them, when possible, into specific educational itineraries;
- motivate the museums’ operators so that, putting their expertise and skills to work, they can become actors in the process of transmitting knowledge;
- diversify the museums’ offerings according to the public who will profit from them, who will of course do so in different way and with different interests.

The method adopted in the ESCAC projects is that of an educational laboratory which actively involves students, thanks to the experiences crafted by them and their teachers together with the museums’ personnel. Thus this is an active process for the subject who learns, who moves within the potential itineraries conceived by and realized in the museums, beginning with the objects and knowledge contained therein. The collections and materials preserved in the science museums are considered as useful “means” for “demonstrating” and conveying understanding of fundamental scientific concepts, a type of educational aid.

The current orientation of SIMUS is that of re-appropriating the role of the constituent museums in the past, which is that of a tool to facilitate education and the spreading of scientific knowledge, naturally revised and updated in light of the new media at its disposal and present-day requirements and objectives (Fig. 5). We chose to do this through those historical scientific artefacts which we rescued, studied and catalogued. Without ever forgetting of course – something fundamental in a time when we wish to work with children and at the same



Figure 5.
Popularization of science for young people.

time also get adults to return to museums – that our scientific collections have characteristics, stories and particularities capable of contributing to the diffusion, awareness and pleasure of knowledge and, something unfortunately quite rare in our time, to creating an emotional connection.

Cultural scientific artefacts in the University’s “third mission”

The recognition of medical instruments and anatomical specimens or models as cultural assets arises in large part from work carried out at the end of the 1990s by the CRUI (Conference of Rectors of Italian Universities) Commission of the delegated rectors of the university museums who, in perfect harmony with the Central Cataloguing Institute (ICCD) and the National Association of Science Museums (ANMS), fostered decisive action to value said patrimony, often not-widely known and thus not esteemed.

But in the last decade – thanks also to the promulgation of the 2004 Urban Code and the resulting recognition of scientific equipment as cultural artefacts – these extraordinary “deposits” of university assets are living out a new existence, introduced into exhibition itineraries which various academies are building ex novo or updating those organized in the recent past. Even if not new, today the sector appears to be urged on by numerous, profound developments: not least of which is the present-day “discovery” of the University’s so-called Third Mission, into which the National Agency for Evaluating the University and Research System (ANVUR) has also placed academic museums with their activities capable of “*producing positive impacts even outside of their own university communities and even beyond the economic appreciation of knowledge*” (ANVUR 2013).

SIMUS has worked on this path for several years, and this is duly represented in the process of auto-appraisal (SUA-RD Third Mission catalogue) that ANVUR launched in 2015, with its initiatives aimed at various public segments which fit perfectly into the activities identified as *Public engagement*, or in the group of “*non-profit activities with value for education, culture and social development*” (ANVUR 2015).

Thus the cataloguing campaigns fostered over the years by the Siena university museums, the knowledge of scientific artefacts and their history, which is also the history of the various disciplines, their inclusion in educational and transmission activities all represent an extraordinary cultural substratum upon which to build the basis for this new Mission. A Mission which also gains strength from the participation of SIMUS in projects of the “Italian university museum network,” financed by the Ministry of Education, University and Research with the goal of promoting an ever greater “*dialogue between museums and the global context, which takes advantage of the specific identification of their collections to promote an opening to lifelong learning activities directed at*

a diverse public". After the computer cataloguing of assets with the system created by ICCD, SIMUS museums are thus working on a project for the diffusion of scientific culture in society and on orientation in the scientific method and culture aimed at young people.

But what gives even more strength to SIMUS is the history one can "read" in the immense heritage which it preserves and which derives from years of experience working with school-age students and teachers, with the university's young students, with groups and associations present in the civil society. Already in 2008, in the Notebook of SIMUS' educational offerings it was written: "*our museums host and manage a multi-faceted patrimony of historical-scientific materials which are loaned out to educational courses focused on the topic of science as a whole: from the botanical collections to medical equipment, from educational models to collections of meteorites, from anatomical specimens to geological findings [...]. The educational proposals and initiatives presented are meant to offer broad support to schools' annual education programs, with the goal of drawing in young people and fostering their interest in the science museum*", and – we might add – to perform a useful activity for preparation toward entering university.

It is clear that SIMUS has been decisively directed for years toward the proposal of visiting itineraries and educational laboratories created *ad hoc*, which in regard to the museums' history and collections and their personnel's expertise, are based on exploration and direct discovery by teachers and their students, i.e. on a constructivist approach given that learning is the result of a direct relationship and interaction with an environment designed to stimulate and spark a variety of intelligence types.

SIMUS has a great new cultural opportunity: to become an actor in local development and comport itself so its assets can become an effective tool for communication with the outside world, a sort of "window" opening onto the area for its inhabitants or those who live relatively nearby. In this way we can achieve important results in research and scientific diffusion, in education, and most of all in these new fields related to inclusion and active involvement of citizens, thus working together to create through informal learning methods new expertise, new knowledge and diffuse wellbeing.

The Medical Equipment [Strumentaria] Museum: a participatory place for accessible culture

After a long road, which has lasted almost thirty years, in recent months we decided to create a true Museum of Medical Equipment. The need to reorganize some spaces but, first and foremost, the desire to make some of the most beautiful and interesting pieces of our collection newly accessible has pushed us to tackle this latest challenge.

On one hand, if we accept the idea Giulio Carlo Argan pronounced back in November 1951 at the meeting of UNESCO-ICOM in Paris: "*... the birth of the museum corresponds to the positive recognition of its educational capacity*", we can definitely affirm we have worked hard and with good results so that our antique medical tools might become an indispensable aid in the diffusion of science and in educational projects which have been implemented for some time now. Thus we have completed an important preparatory course to achieving the realization of a science museum. We have identified and gained the loyalty of our public, offering educational, awareness-spreading and game activities where science, and in particular our antique equipment, has been the protagonist; we stood beside and actively collaborated with schools to offer scientific education characterized by an informal approach; we have worked to make our collection as accessible and understandable as possible to a diverse public with different needs and requirements.

The realization of this museum is thus the most recent result of the conservation and research activities conducted by enthusiasts of historical, medical and scientific heritage, led by Francesca Vannozzi, professor of History of Medicine and president of the Siena University Museum System since its foundation. The work of recovering and preserving antique equipment has unfolded alongside the reconstruction of the history of the art of medicine in Siena, in particular from the 18th to the 20th century, and of its specializations.

Indeed, this is the basis for the birth of the University Museum of Medical Equipment project, whose exhibition itinerary consists of artefacts characterizing the sciences at the base of Medicine – from Anatomy to Cytology, Histology and Embryology, from Medical physics to Chemistry and Pharmacology, from Molecular Biology to Physiology – and the tools for general medicine and some medical-surgical specializations. In this manner, we set out to create a moment of conjunction of the research activities that involve man and knowledge of his body, a truly perfect machine, and the work of spreading awareness, made possible by advances in knowledge, regarding possibilities for prevention, treatment and bettering of life conditions.

But precisely because of this long and structured course which is at its base, this museum cannot be a lifeless container of antique objects, characterized by a hallowed aura and accessible only to a culturally-predisposed elite. Instead, it is the result of everything we have realized in these years and briefly outlined in this essay. And thus the museum will once again become a place for research and diffusion of science, on par with the Greek *museion*, but also a place for preservation and safeguarding of cultural artefacts and, most of all, a place where these assets are given value through educational and social occasions.

At the same time this museum cannot and must not erase what has been built over the years, and it will therefore be a place where the equipment can "tell" its own story and also a

“window” opening out onto an even larger space, the organized depository, which is and will remain indispensable for our work in recovering, studying and cataloguing historical artefacts of a medical nature.

We have spoken earlier of the realization of a museum as our latest challenge; the reason shall soon be explained. In a historical moment such as the one we are living now, characterized by a profound global crisis of values and economics that is destroying social unity, a museum, offering knowledge and appreciating the past and what it can teach us, can contribute to the identification of new life models and civilization values, and act so that innovative development projects can be designed.

To achieve this, the museum must make knowledge of its collections and, even more important, perception of its continuing mission, simple. It must succeed in “modelling” its social function on the needs expressed by citizens, managing to establish a fruitful exchange of knowledge with increasingly broad and diverse target audiences. It can no longer entrust its “educational” function to an experience based on pure and simple contemplation, but it must be in a position to adequately develop and transmit news regarding its collections to those who enter in various ways and using different means of contact.

For this reason as well, the new Museum of Medical Equipment – in line with a foundational decision shared with all the museums of SIMUS – is also characterized by a continuous dedication to notably increasing the right to accessible and inclusive Culture through the destruction of physical and perceived barriers, in order to enhance and make available all the cultural patrimony it has at its disposal. This task, which puts at its centre the individual with his interests and diversity, the right of everyone to participate in collective life on an equal basis with others, becomes a guarantee of both physical access to the cultural container and perceptual and intellectual access to the contents it transmits.

The “container” which is going to host the museum in our case represents a further challenge. The site the University has selected is the church of a 16th century convent, with interior decoration completely redone in the 18th century (Figs. 6,7). The beauty of the place which still has its stucco and the three panels of its altar intact, a sole nave without transept as was used in Augustinian convent churches and the presence of considerable architectural barriers has not made for an easy project of staging the display, which has been accomplished with a very few, completely non-invasive interventions. Besides the crystal display cases located in a diagonal line corresponding to the entrance so as to interrupt – physically but above also conceptually – the principal axis of the church, the medical equipment and tools are positioned to correspond with the altars, also making use of their two levels for display.

On the chancel, a dentist’s chair, with accessory equipment from the 1920s, flanks an antique wooden operating table dating back to the 1850s, a work of the artisan Federigo Sac-



Figure 6.
The new Museum of Medical Equipment.



Figure 7.
Old dental chair in the Museum.

chetti of Sinalunga. This is a particularly elaborate piece of equipment, which, thanks to a series of notches, allows for the adjustment of the back’s height, from a seated to a completely prone position, and to brace the lower limbs as needed. Models in terracotta for the teaching of Obstetrics are positioned on the high altar, together with surgical equipment from the

Lorraine period, which helped the doctor with difficult deliveries. The itinerary continues with an Oculist examination station from the early 20th century, and models and specimens created over the centuries for educational purposes. We finally reach a small adjacent room, the old audience chamber for the cloistered nuns, where an autopsy table from the old Anatomical Institutes, now disappeared, a selection of antique surgical tools; a 19th century skeleton and some digitalized anatomical tables recreate a dissection area, a fundamental moment for anatomical research and education.

From this one derives, notwithstanding the smaller dimensions, a space, which allows for an immersive experience of the history of the medical arts in Siena, in addition to knowledge of a place, the Convent of Santa Maria Maddalena, which served as a boarding school for girls from the end of the 18th century. It then become a reserve hospital during the First World War, an anti-tuberculosis prevention centre in the 1930s which housed small children temporarily distanced from families with someone suffering from tuberculosis, and finally in 1938 home to a boarding school for nurses.

We are certain that the sustained effort shall prove fully justified given the conservation and protection of the cultural artefacts of medical interest representing a priceless patrimo-

ny. A museum can generate and transmit knowledge through said instruments, thus becoming a living and integral part of our society.

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La morte e il morire: un problema tecnico o una questione di senso?

*On death and dying:
a technical problem or a question of meaning?*

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Mentre la morte si è trasformata in un argomento tabù, il morire occupa tutta la scena bioetica e politica, sia italiana che internazionale. È una conseguenza del fatto che la tecnologia applicata alla medicina ha reso più incerti i confini tra naturale e artificiale, producendo in alcuni l'aspettativa di un prolungamento illimitato, in altri il rifiuto assoluto per il timore dell'accanimento. La filosofia può offrire una cornice riflessiva per inquadrare il tema della vita non soltanto di un prolungamento illimitato della vita, in altri il rifiuto assoluto per il timore dell'accanimento. La filosofia può offrire una cornice riflessiva per inquadrare il tema non soltanto come un problema tecnico o politico, ma come una questione di senso.

Parole chiave: Antropologia filosofica, etica della cura, morte, Jankélévitch Vladimir, Ricoeur Paul

While death has been transformed into a taboo argument, dying occupies the whole bioethical and political scene in Italy as well as abroad. This is a consequence of the fact that technology applied to medicine has made more uncertain the limits between natural and artificial, causing in some the expectation of an unlimited extension of life, in others a total refusal for fear of overtreatment. Philosophy may offer a reflective frame in order to consider the argument not just as a technical or political problem but also as a matter of meaning.

Key words: Philosophical anthropology, ethics of care, death, Jankélévitch Vladimir, Ricoeur Paul

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Storia di una metamorfosi: dall'*Ars moriendi* al diritto di morire

In uno dei suoi più pensieri più citati Pascal ha osservato come l'uomo, non essendo riuscito a porre rimedio alla morte, alla povertà e all'ignoranza, tenti in tutti i modi di dimenticarsene. È innegabile, infatti, che tutte le nostre paure si riassumano, in fondo, in una sola: la paura della morte. E che tutti i nostri sforzi per rallentare la corsa del tempo siano sogni d'immortalità. Eppure, tra le mille imprevedibili situazioni che la vita umana porta con sé, la morte è l'unica certezza: come fatto naturale, dunque, non dovrebbe costituire un problema. Invece, la percepiamo come un limite inesorabile, un capolinea al quale non si è scelto di giungere. Da qui che la morte, per l'essere umano, perde ogni caratteristica di *naturalità* e diventa un enigma da risolvere o un evento spiacevole da esorcizzare. Vladimir Nabokov lo ha espresso con un patetico sillogismo: "Gli altri muoiono, io non sono un altro, dunque io non morirò".

In alternativa all'oblio, l'uomo ha tentato di decifrare l'enigma della morte cercando di sottrarla alla sua naturalità biologica e riportandola nella sfera della libertà. Se non può evitarla, egli almeno intende assumerla, affrontarla umanamente, in prima persona. Accanto ai riti funebri che celebrano la morte come un viaggio – il *tra-passo* – per il quale bisogna equipaggiarsi e propiziare gli dei, la filosofia antica ha proposto l'*ars moriendi*, l'arte di vivere sapendo di dover morire. Non si trattava di abituarsi all'idea di un destino inevitabile, ma di guardare alla vita come viaggio, la cui fine era anche il raggiungimento della meta. *Meditatio mortis* era la tragedia che, attraverso la rappresentazione, spingeva a riflettere sulle domande ultime senza tuttavia potervi rispondere, cercando un rapporto con il significato di ogni esistenza individuale (Del Corno 1998, p. 83).

Nella cultura creata dal cristianesimo, la "buona morte", ossia il modo autenticamente umano di morire, è suggello di una vita ben vissuta e varco che dà accesso all'eterno. I giorni della vita, per la cultura medievale, si trascorrono *sub specie aeternitatis*, per cui la morte, perdendo il suo carattere di tragicità, entra a far parte del "dramma" dell'esistenza, dove il *memento mori*, più che una minaccia, è un invito a uno sguardo diverso sul presente. Da qui la nascita e la diffusione di opere che inaugurano un vero e proprio genere letterario: quello dell'*Ars moriendi*, finalizzato a istruire ed esortare sul tema della fine, ricordando la fugacità delle cose terrene e la serietà di un momento da affrontare con la dovuta preparazione nel corso della vita¹. Erasmo da Rotterdam ce ne ha lasciato un esempio, il *De praeparatione ad mortem*, del 1533 (Erasmo da Rotterdam 1984), dove si coglie distintamente – come del resto in altri testi più o meno contemporanei sullo stesso tema – che la meditazione sulla morte è in realtà

una meditazione sulla vita e che la meditazione sulla vita si richiama a una precisa visione antropologica. L'*Ars moriendi* è, pertanto, contemporaneamente e necessariamente una *Ars vivendi*, un apprendistato non più solo a vivere sapendo di dover morire, ma a vivere facendo della vita una preparazione all'evento della morte.

La modernità cambia radicalmente prospettiva. Il disincanto del mondo e la crisi dell'idea di trascendenza, comportano il declino dell'esistenza intesa come viaggio. La morte diviene il naufragio che rende assurda la stessa vita o l'evento che, in ogni caso, non le conferisce senso, ma vi proietta un'ombra sinistra. In questo scenario, fa la sua comparsa un efficace strumento per esorcizzare la morte: la scienza medica. "Naturale" diventa la morte che la medicina non ha potuto impedire: improvvisa, accidentale, senza l'assistenza dovuta. In questa prospettiva, la morte non è mai buona, perché è sempre uno scacco della scienza, che riesce a prendersi comunque la sua rivincita trovando per ogni morte – non più trapasso, ma *de-cesso*, semplice venir meno – una spiegazione logica e razionale. Da enigma, la morte si trasforma in episodio, incidente di percorso che in futuro si potrà sicuramente prevenire in tempo. Sottoposta a una *catena di smontaggio*, secondo l'efficace immagine di Bauman, è frazionata in molteplici patologie, ciascuna controllabile e un domani forse anche evitabile (Bauman 2002, p. 211). Tuttavia, come osserva ancora Bauman, la decostruzione operata dalla tecnica biomedica non ha abolito la morte, ma la ha lasciata nuda e priva di significato. Spinta fuori dalla vita, diventa *oscena*, innominabile, oppure oggetto di eufemismi pietosi: se il cavolo un tempo nascondeva la nascita, ora camuffa la morte.

Nell'incertezza generale sui significati del mondo e della vita, più che la morte, ora è il morire a occupare il centro della scena. Morire bene passa a significare "morire con dignità", ma nel senso di poter gestire in proprio questo processo, disponendo di sé con un atto di autodeterminazione radicale. Nel timore che la scienza possa autolegittimarsi ed espropriare l'uomo delle sue esperienze, "naturale" diventa quel morire rivendicato come un diritto in caso di grave malattia, mentre "artificiale", ossia contro natura, è considerato ogni intervento medico di sostegno vitale. Esito estremo di un individualismo che considera l'esistenza come questione privata e parla solo il linguaggio dei diritti, quest'atteggiamento è anche una risposta inadeguata a un problema reale: l'espropriazione della morte realizzata da una tecnica biomedica efficientista e disumanizzante. Rivela anche un mondo sommerso, un autentico iceberg formato da domande inesprese (Hennezel de 2002, p. 31). Sono domande di senso – della sofferenza, dell'invalidità, della vita – e domande d'aiuto, come richiesta di condivisione per riempire la solitudine. Domande alle quali la scienza, orientata solo a risolvere tecnicamente i problemi, non è capace di rispondere: proprio per questo ha bisogno di rivolgersi alla religione e alla filosofia.

¹ Si vedano, ad esempio, l'*Ars moriendi* di Giovanni Gersono (1408), quella di Pietro di Lucca (1520), di Roberto Bellarmino (1621).

L'impossibile morte "alla prima persona"

È ricorrente l'affermazione che una filosofia della morte, la cosiddetta *tanatologia*, sia impossibile, perché la morte non costituisce un'esperienza di cui poter parlare. Mentre, infatti, il dolore rappresenta un'esperienza che è possibile oggettivare, grazie alla fenomenologia dell'uomo sofferente e alla narrazione che se ne può fornire, la relazione con la morte, invece, non può mai essere oggettiva, ma sarà sempre una relazione esistenziale. Trattare della morte con oggettività, in modo impersonale, significherebbe aver scoperto un modo di oggettivarla o per via induttiva o attraverso un'inchiesta. Ma la morte in se stessa non ci offre alcun dato fenomenologico ed è inoltre evidente che come oggetto d'indagine rimane fuori della portata delle nostre esperienze: la frase "sono morto" è impronunciabile se non in senso analogico. Essa è *l'in-oggettivabile, l'in-descrivibile*, che non può essere separato dalla relazione che l'uomo ha con se stesso, per cui il soggetto che indaga risulta intimamente coinvolto nell'oggetto stesso dell'indagine. Citando una felice espressione del filosofo Vladimir Jankélévitch (1977, pp. 24-35), non è possibile parlare della morte "alla prima persona": dovrei oltrepassarla e immaginarmi al di là di essa, perché non posso farne esperienza. D'altra parte, la morte "alla terza persona" non costituisce un problema: il "si muore" o il "tutti muoiono" è un evento che registro senza esserne coinvolto, che dunque non m'interpella. Il punto veramente cruciale è la morte "alla seconda persona", quella della persona cara, evento a cui non ci si rassegna e che provoca la nostra ribellione; la morte che più assomiglia alla propria e che più ce la rammenta, senza tuttavia essere la propria. In definitiva, il problema della morte delle persone care è più essenziale e tragico di quello della propria morte, perché si tocca con mano che si è interrotto un vincolo, ma allo stesso tempo, nonostante la rottura, si continua a essere uniti, con più forza di prima, a quell'essere che è scomparso. Il dramma sta proprio in questa contraddizione, che dal punto di vista logico reclama una soluzione, pena la caduta nell'assurdo dell'intera esistenza.

Dunque, sempre secondo Jankélévitch, l'unica possibilità perché il filosofo possa parlare della morte è affacciarsi, in un certo senso, sul crinale della morte e contemplarla da due prospettive: quella "al di qua" e quella "al di là" della morte (Jankélévitch 1977, pp. 37-38). Dalla prima, la morte è considerata prospetticamente, come il *di fronte* inevitabile e inesorabile dell'esistenza umana: cosa significa la morte per colui che è vivo? Nel secondo modo, la morte è vista piuttosto retrospettivamente: dopo la morte, cosa attende l'uomo? Qui la filosofia deve arrestarsi alla soglia dell'indagabile e cedere il passo alla teologia, ma prima può ancora assolvere a un compito. Può riflettere su ciò che postula l'esistenza di un aldilà, non solo come desiderio d'immortalità, ma come manifestazione ontologica di tale immortalità: è il caso dell'amore, della fedeltà, della speranza.

Può essere interessante mettere a confronto le riflessioni di V. Jankélévitch con quelle dell'ultimo Ricoeur, negli scritti abbozzati tra il 1995 e il 1996, raccolti nel volume postumo *Vivant jusqu'à la mort* (Ricoeur 2008). Pur riconoscendo l'eterogeneità dei due testi, giacché il primo costituisce un'indagine analitica sul tema, mentre i secondi sono piuttosto il frutto di frammentarie meditazioni personali, in parte autobiografiche, l'accostamento può avere una sua efficacia, perché consente di collocare in una diversa prospettiva i dibattiti attuali sulla questione del morire.

Vladimir Jankélévitch e il buon uso dell'"hora incerta"

Con un'efficace ossimoro, Jankélévitch definisce la morte come un evento di *ordine straordinario* (Jankélévitch 1977, p. 7). È da una parte un evento empirico che è sotto gli occhi di tutti, dall'altra un mistero metaempirico, che continua a non essere decifrabile. Non possiamo ignorare che un domani moriremo, ma ci ostiniamo a vivere come se la morte riguardasse quegli altri che non siamo certo noi. La *nostra* morte non ci appare come la deduzione logica di una legge universale: tra il *sapere-di-dover-morire*, come consapevolezza generica di una necessità universale e l'*accettare-ora-la-mia-morte*, vi è un salto brusco e drammatico. "Certamente tutti gli uomini sono mortali – nota Jankélévitch – e Pietro è uno di questi uomini; eppure, c'è in un tale sillogismo, se Pietro sono io stesso o un prossimo, qualcosa che mi lascia incredulo e che non è preso interamente sul serio; questa deduzione appare più convincente che veramente persuasiva e noi esitiamo molto illogicamente a tirare la conclusione che le premesse impongono" (Jankélévitch 1977, p. 12).

Se l'uomo, secondo l'espressione di Pascal, è l'unico essere mortale che si riconosce come tale, ciò significa che in quello che è un termine naturale della vita egli vede invece qualcosa di antinaturale, che a tutti i costi tenta di rimuovere o di ignorare. Per lui la morte perde ogni caratteristica di evento biologico e assume l'aspetto di un enigma da risolvere presto o tardi. La presa di coscienza della propria mortalità lo coglie dunque sempre di sorpresa, è sempre una brusca verità quando appare nella sua concreta immediatezza, pur costituendo una generale evidenza. Jankélévitch cita a questo proposito la considerazione di Bergson, dove si afferma che "la coscienza del tempo continuo è una coscienza discontinua" (Jankélévitch 1977, p. 15), ossia non sempre oggetto di un'attenzione omogenea. Egli modula in tre passaggi graduali la presa di coscienza di ciascuno nei confronti della propria morte: *effettività*, *imminenza*, *coinvolgimento personale*. *L'effettività* è il "passare dall'evidenza ragionevole, ma non convincente, a un'evidenza opaca, ma vissuta" (Jankélévitch 1977, p. 16); *l'imminenza* è la forma temporale dell'effettività, quando la morte da eventualità astratta diventa evento: "il momento in cui il *mortalis* ha ceduto il posto al *moriturus* e a fortiori al *moribundus*, quando il candidato alla morte,

suscettibile genericamente di morire, ha sentito il richiamo della morte imminente” (Jankélévitch 1977, p. 21). Il *coinvolgimento* (*concernement*) personale: l'applicazione personale dell'evento, che “mi riguarda” e rappresenta un'intuizione istantanea.

Di fronte alla *difficoltà acrobatica* della filosofia nei confronti di ciò che appare come impensabile (Jankélévitch 1977, p. 4), la morte, secondo Jankélévitch, costituisce un caso a sé. Mentre al mistero, al mistero divino, appartiene la categoria dell'*ineffabile* (“*αρητηον*”), ossia dell'inesprimibile, perché la sua ricchezza sfugge a qualsiasi tentativo di definizione, alla morte, invece, appartiene la categoria dell'*indicibile* (“*αφαρτων*”), che si applica laddove non sembra ci sia nulla da dire. Il filosofo francese ricorre alla distinzione tra *Rien* e *Néant*, che rispondono rispettivamente alle due categorie di silenzio e che trovano una corrispondenza visiva nel chiaroscuro e nell'oscurità assoluta. L'ineffabilità del *Rien* riceve tuttavia una certa luce, mentre l'indicibilità del *Néant* costituisce il buio più radicale.

Ma, mentre per Wittgenstein sull'indicibile è bene tacere, per il filosofo francese, l'indicibile è suscettibile di discorso, purché non si presuma in questo modo di definirlo o categorizzarlo. Se dunque, in senso stretto, non è possibile fare della morte né una filosofia *citeriore*, né una filosofia *ulteriore*, si può pur sempre fare una filosofia *dell'intervallo*, che consenta di accostarsi a questo mistero e di farne, in certo modo, *buon uso* (Jankélévitch 1977, p. 38).

È pertanto possibile, da questa filosofia della morte, trarre una pedagogia della morte, che trasforma il ricordo della nostra finitezza in invito a far tesoro del tempo o a staccarci da ciò che è irrilevante. In questa prospettiva, come osserverà Jankélévitch in un saggio successivo, il terzo volume del *Traité des vertus*, occorre “saper morire ogni giorno un poco” – secondo il detto degli antichi – per non subire la morte ma accoglierla, così come è necessario far propria la sofferenza, se non si vuole semplicemente esserne il destinatario passivo. In questo modo, paradossalmente, il pensiero della morte aumenta il gusto della vita:

“La sofferenza, per provare e semplificare chi soffre, deve essere ricevuta e non subita; perché egli possa essere trasformato, deve essere già un po' trasformato; altrimenti detto, questo purgatorio lo purificherà se egli si apre all'operazione purificante e se l'accoglie in virtù di un intimo consenso. Allo stesso modo, c'è una “mortificazione” denudante e depauperante che ci arricchisce privandoci soltanto dell'accessorio, che essenzializza e condensa l'essere sopprimendo ogni minuzia; che esalta il gusto della vita e moltiplica le ragioni di vivere; dà nuovo valore alla positività affermativa dell'esistenza; libera infine da quaggiù la nostra purezza metaempirica originaria” (Jankélévitch 1972, p. 1405).

Se la formula “Mors certa, hora certa sed ignota” dipinge l'“evidenza crepuscolare” della morte, in cui la certezza del fatto prevale sull'incertezza della data, provocando angoscia e una costante sensazione di minaccia (Jankélévitch

1977, pp. 137-45), la formula “Mors certa, hora certa” è invece quella della disperazione tragica, così ben descritta da V. Hugo in *L'ultimo giorno di un condannato* o da Dostoevskij ne *L'Idiota*. Il tempo diventa insostenibile e inumano, riducendosi alla pura aspettativa di una scadenza inevitabile e l'uomo si trasforma in un animale braccato (Jankélévitch 1977, pp. 146-7). D'altra parte, con l'espressione “Mors incerta, hora incerta” ci si convince illusoriamente, con una “speranza chimerica”, che la morte sia una legge generale, un'astrazione che potrebbe non riguardarci o che possa essere allontanata in qualche modo, ad esempio grazie ai progressi della medicina. Questa illusione finisce, tuttavia, per produrre addirittura noia, lasciandoci in una sorta di eternità dove tutto è indifferente (Jankélévitch 1977, pp. 148-53). Solo la formula “Mors certa, hora incerta” è quella che riflette “una volontà seria e militante”, capace di dare alla vita lo slancio e la spinta necessari per essere intraprendenti (Jankélévitch 1977, pp. 154-7). C'è dunque nella mortalità non solo un destino, ma una vocazione che dà senso e direzione ai nostri sforzi, la previsione di un istante di purezza assoluta, che può indurci a una maggiore autenticità di vita:

La morte è la purificazione massima e la sofferenza superlativa. (...) La morte dispone il morente alla sincerità assoluta. Abbiamo per tutta la vita indossato un ruolo, scolpito la nostra statua, mentito, parlato forte non per farci comprendere dal nostro interlocutore, ma per attirare l'attenzione di un altro, usato non di segni per esprimerci, ma di allusioni per lasciar capire (Jankélévitch 1972, pp. 1401-2).

La questione dell'incertezza della morte offre a Jankélévitch lo spunto per alcune considerazioni di sorprendente attualità. È l'“hora incerta” a giustificare il primo e incondizionato imperativo della deontologia medica: “Ogni malato, anche notoriamente incurabile, deve essere considerato come guaribile, un essere del quale prendersi cura in quanto tale; e questo fino all'ultimo sospiro... Infatti, come sapere quando un sospiro sia l'ultimo?” (Jankélévitch 1977, p. 159). Solo retrospettivamente il vivente può essere considerato un morente, giacché al presente non c'è un moribondo, ma un vivente che potrebbe ancora sopravvivere, il che giustifica tutti gli sforzi per prolungarne la vita. Anche una minima dilazione è un dono inestimabile, che rende qualsiasi forma di eutanasia una forma di dimissione forzata dalla vita e di annullamento della speranza. Per il filosofo va messa in atto la strategia del “temporeggiamento”, atto della virtù della prudenza, proposta da Baltasar Gracián per il diplomatico o il cortigiano, come “la dignità dell'uomo ragionevole”. Essa è in grado di proiettare il malato in avanti verso un “piccolo futuro”, assicurandolo contro la disperazione del vedere esaurirsi la possibilità di un futuro di lunga durata. “Anche una minima proroga, nel malato in pericolo di morte, è la condizione vitale di tutte le altre, la condizione senza la quale tutte le altre proroghe non hanno alcun senso” (Jankélévitch

1977, pp. 160-1). La conclusione di Jankélévitch è lapidaria: l'imperativo categorico dell'essere – il prolungamento del tempo vitale, “il tempo nudo dell'esistenza sostanziale” – è prioritario rispetto a quello ipotetico del benessere.

4. *L'ars moriendi come approssimazione all'essenziale*

“...ciò di cui mancano maggiormente gli uomini è di giustizia certamente, di amore sicuramente, ma ancor più di significazione. L'insignificanza del lavoro, l'insignificanza del tempo libero, l'insignificanza della sessualità ecco i problemi sui quali veniamo a sfociare” (Ricoeur 1992, pp. 152-3).

Per *esigenza di significazione* P. Ricoeur non intende il semplice bisogno di conoscere, senz'altro tipico dell'essere umano, ma, a un livello ancora più radicale, il bisogno di senso. L'uomo manifesta in modo insopprimibile l'esigenza di interrogare e di interrogarsi, di chiedersi il perché profondo delle cose e soprattutto il perché profondo della sua stessa esistenza. In altri termini, ha bisogno di *arrivare all'essenziale*. Ma questo *essenziale*, diremmo con le parole di Saint Exupéry, “è invisibile agli occhi”. Nelle riflessioni sulla morte raccolte nell'opera postuma *Vivant jusqu'à la mort*, il filosofo parte proprio da questo *bisogno di essenziale*, che ritiene un punto di arrivo di un percorso di riflessione. L'essenziale ci sfugge proprio in quanto “troppo vicino, dunque troppo coperto, troppo dissimulato” (Ricoeur 2008, p. 41). Tocca alla filosofia assumersi, alla maniera socratica, il compito di chiarificare previamente la nozione stessa di morte, smascherando la confusione concettuale, che contribuisce a creare degli equivoci e ad alimentare una reazione di angoscia. Cosa significa un evento come la morte dell'altro, esperienze come lo stare per morire o il dover morire? Chiarificare, secondo Ricoeur, è anche curare, secondo una funzione terapeutica della filosofia, che ha come scopo liberare l'animo dall'“immaginario”, da quei fantasmi che, in quanto ignoti, generano paura.

Egli distingue, pertanto, tre fondamentali significazioni della morte, ognuna delle quali porta con sé una costellazione di immagini e di timori: la morte dell'altro, il *caro estinto* – Esiste ancora? Dove? Che tipo di rapporto si ha con lui?; il pensarsi da morto – quella che egli definisce la morte “al futuro anteriore”; infine, la propria condizione mortale, il dover morire, che fa sorgere spontaneamente la domanda sull'oltre, sul dopo (Ricoeur 2008, pp. 42-5).

La morte dell'altro rimanda immediatamente alla questione del lutto, tema caro a Ricoeur, perché in stretta relazione con la memoria e l'oblio, come aveva osservato nel saggio *La memoria, la storia, l'oblio*. “Il lavoro del lutto è il cammino obbligato del lavoro della memoria” (Ricoeur 2003, p. 111), grazie al quale l'assenza fisica della persona scomparsa si trasforma in presenza interiore. E se la tristezza e l'affanno sono il segno di un lavoro incompleto o irrisolto, la gaiezza è invece “garanzia di riconciliazione con il

suo oggetto interiorizzato” (Ricoeur 2008, p. 112). Essa è la manifestazione di una “memoria felice”, che rappresenta il punto di equilibrio tra il “troppo di memoria” – che conduce a mantenere aperte le ferite e alla reiterazione del sentimento di perdita, senza riconciliazione – e il “troppo poco di memoria”, che risponde ad una “strategia di evitamento”, per cui attraverso la rimozione del ricordo ci si pone al riparo dall'appropriarsi della realtà della propria morte (Ricoeur 2008, pp. 513-4). Osserva Ricoeur: “La perdita, la separazione come rottura della comunicazione – il morto, colui che non risponde più – costituisce una vera e propria amputazione di se stessi, nella misura in cui il rapporto con lo scomparso fa parte integrante della propria identità” (Ricoeur 2008, pp. 513-4). La morte dell'altro, come già aveva notato Jankélévitch, è anticipazione della propria, per cui ogni frettolosità nei congedi dal defunto, ogni tentativo di silenziare il racconto e di soffocare il rimpianto nascondono un'inconspicua fuga dalla propria mortalità.

Qui si annoda l'analisi – seppure frammentaria – della seconda significazione che Ricoeur sottopone a critica, quella dell'aver-da-morire. E il giudizio del filosofo è lapidario: è chi si crede invulnerabile ad essere tormentato dall'“assillo del futuro anteriore”, perché la morte “viene a inquietare, sfidare, insultare l'insolenza dell'appetito di vivere invulnerabili” (Ricoeur 2008, p. 43). Appare in filigrana l'idea tutta ricoeuriana di una valenza positiva della vulnerabilità, altrove chiamata anche “passività”, che è ben diversa dalla semplice “finitudine” (Ricoeur 1993, p. 432). Questa è l'angoscia di poter non esser più, quella, invece, è la consapevolezza della propria fragilità nella quale si fa visibile la dialettica agire-patire. Il patire, al pari dell'agire, ha la sua consistenza e la sua funzione insostituibile nell'esistenza umana. La passività caratterizza il nostro essere al mondo in continuo confronto con il limite – interno ed esterno –, il che comporta sempre in qualche modo essere messi alla prova. Con parole del filosofo Zubiri, “ogni situazione personale è, per chi la vive, prova, *probatio* e non c'è possibilità di prova – di un metallo o di una persona – senza la previa affezione passiva da parte di ciò con cui si è provati” (Lain Entralgo 1984, p. 69).

Nelle filosofie della finitudine – e il riferimento di Ricoeur è chiaramente alla riflessione heideggeriana – si è *esseriper-la morte*, nella prospettiva della vulnerabilità, invece, si è *esserifino-alla morte*, persone il cui *conatus vivendi* non è il semplice istinto di sopravvivenza, ma desiderio metafisico di durare e speranza di trascendenza. Ricoeur sembra pertanto proporre un'analitica esistenziale che non assuma come punto di partenza la coscienza della propria finitudine, inevitabile naufragio dell'esistenza umana, bensì la proiezione verso la trascendenza, in cui il desiderio di vivere è inseparabile dalla tensione verso ciò che il filosofo indica come l'Essenziale.

È proprio questa “tensione verso l'Essenziale” a illuminare la questione della terza significazione della morte, costituita dalla consapevolezza della propria mortalità, che fa sorgere spontanea la domanda sull'oltre. Le osservazioni di

Ricoeur su questo tema costituiscono una risorsa preziosa per la formazione del personale sanitario, soprattutto per chi, lavorando nelle unità di cure palliative, è abituato a un confronto costante con la realtà del morire (Ricoeur 2008, pp. 47-9). La preoccupazione del filosofo è quella di mostrare l'inadeguatezza del punto di vista dell'osservatore esterno sul morire dell'altro. Se la morte è intrasferibile, lo è anche il vissuto del morire: mentre a uno sguardo esterno il malato terminale appare come un *moribondo*, soggettivamente è un *agonizzante*, qualcuno che sta sperimentando un ultimo combattimento per affermarsi come vivente e per assumere la propria morte come atto umano. Il rischio di chi è solo spettatore, sia pure spettatore qualificato, è assistere alla morte senza assistere il morente (Ricoeur 2008, p. 51), ossia offrire soluzioni tecniche che affrettano la fine o prolungano l'agonia, ma defilandosi dalla scena come presenza umana. E se è impossibile una condivisione identificante con chi è in punto di morte, si può invece realizzare un'effettiva prossimità con l'agonizzante in quel momento così delicato che è "l'emergere dell'Essenziale". *L'Essenziale* o "il religioso", che affiora in questi momenti, mostra in tutta la sua nudità la struttura metafisica dell'essere umano, la proiezione verso l'assoluto della realtà dello spirito.

Queste considerazioni sembrano trovare eco in quelle del medico e filosofo spagnolo Lain Entralgo, tra l'altro profondo conoscitore del pensiero di Ricoeur, il quale, nel saggio *La espera y la esperanza*, osserva come l'esperienza medica fornisca una prova quasi sperimentale di questa tensione verso la trascendenza:

Ogni clinico conosce quella ricorrente conversazione con il malato di cancro, che comincia con l'inevitabile domanda del malato sull'incurabilità del proprio male, in cui il medico cerca di penetrare a tentoni nelle profondità dell'anima dove la speranza vitale si fa percettibile. Con il progredire della malattia cambiano le cose: il malato non fa più domande e il medico attento e sensibile ne ricava l'impressione che la situazione del paziente si sia spostata su un altro piano, all'interno del quale non sono più decisive le parole di conforto. Si è prodotta la trasposizione che rende percettibile la crescente debolezza dell'impulso vitale e la possibilità della "trascendenza" precedentemente menzionata: si fanno strada la serenità e la lucidità, così frequenti nei malati di cancro negli ultimi giorni di vita. L'esistenza ora si svolge sul piano di cui parlava Rilke nella sua ultima lettera: *ce plan insituable et si peu humain*. In esso, infatti, risultano ormai

inadeguate le esperienze e le conoscenze proprie del *plan humain* – il mondo "meramente umano" – e termina tutto ciò che è esprimibile. Allora la speranza raggiunge lo strato del mistero (Lain Entralgo 1965, pp. 632-3).

L'emergere dell'Essenziale richiede, da parte di chi accompagna l'agonizzante, una parola altrettanto essenziale. Solo grazie a questo linguaggio dell'accompagnamento, anche se si è soli a morire, non si muore da soli (Ricoeur 2008, p. 50). Non si tratta di una parola medica e neppure sempre di una parola articolata, ma dell'eloquenza dell'*esserci*, del proprio essere presenti e vicini, attestando la volontà di non abbandonare l'altro alla sua solitudine (Kubler-Ross 2005, p. 303). E se in alcuni frammenti Ricoeur sembra dichiarare di preferire alla preghiera accanto all'agonizzante una parola non confessionale, giacché il morire trascende ogni confessione religiosa, in altri frammenti raccolti nel testo appare tutto il travaglio di un cristiano che a sua volta è alla ricerca dell'Essenziale (Ricoeur 2008, p. 83). Da quanto appare, tale ricerca non sembra esprimere semplicemente la necessità di aderire a una dottrina e neppure la generica tensione verso un orizzonte metareligioso, ma manifesta il bisogno di un incontro con Qualcuno che realmente sia promessa di salvezza.

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La comunicazione alimentare: aspetti etici e risvolti educativi

Food communication: ethical aspects and educational implications

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La popolazione mondiale sta lentamente perseguendo la strada dell'obesità. Nei paesi industrializzati la vita frettolosa e il massiccio impatto della pubblicità alimentare contribuisce a una sbagliata educazione alimentare dei giovani e degli adulti.

In questo contributo esaminiamo i riferimenti sottili che le pubblicità alimentari presentano nelle loro forme televisive e analizziamo alcune *case history* di aziende alimentari nazionali e internazionali.

Abbiamo riscontrato che l'educazione alimentare (proposta con un'efficace comunicazione pubblicitaria) spesso non rappresenta il bene ultimo della persona e quindi (rischiando di essere non veritiera) risulta non rispondere ai criteri di eticità che ci si aspetterebbe. Un'etica della comunicazione più sana è quindi l'auspicio che deriva da questo contributo.

Parole chiave: Pedagogia, comunicazione, educazione, pubblicità, obesità

The world's population is slowly pursuing the path of obesity. In the industrialized countries, the hasty life and the massive impact of food advertising contributes to young people and adults' wrong food education.

In this paper, we examine the subtle references that food advertising presents in the television forms and we analyze some case histories of national and international food companies.

We found that food education (proposed with an effective advertising communication) often does not represent the ultimate good of the person and therefore it does not respond to the ethical criteria that we expect. A healthier ethic's communication is therefore the hope that comes from this paper.

Key words: Pedagogy, communication, education, advertising, obesity

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Introduzione

Nel 1997 l'Organizzazione Mondiale della Sanità (OMS) ha riconosciuto ufficialmente l'obesità come un'epidemia globale (Caballero 2007). Secondo l'OMS¹ nel 2016 circa 1,9 miliardi di adulti (> 18 anni) erano in sovrappeso. Di questi, 650 milioni erano obesi. Obesità e sovrappeso, prima considerati problemi solo dei paesi ricchi, sono ora in crescita anche nei paesi a basso e medio reddito, specialmente negli insediamenti urbani, e sono ormai riconosciuti come veri e propri problemi di salute pubblica. La condizione di eccesso ponderale è infatti il quinto fattore di rischio per i decessi a livello mondiale, causando ogni anno la morte di circa 2,8 milioni di adulti. L'ISTAT, relativamente all'anno 2016, rileva che in Italia, il 45,9% della popolazione (> 18 anni) è in eccesso di peso (35,5% in sovrappeso, 10,4% obeso), mentre il 51,0% è in condizione di normopeso e il 3,1% è sottopeso.

Si stima, inoltre, che vi siano più di 1 milione di bambini tra i 6 e gli 11 anni in sovrappeso o obesi². Alla base dell'aumentata prevalenza di obesità e sovrappeso vi è senza dubbio il radicale mutamento degli stili di vita che ha caratterizzato gli ultimi vent'anni. La sedentarietà diffusa e l'assunzione di alimenti non propriamente tipici della dieta mediterranea ne sono i fenomeni più rappresentativi. Conseguenza di ciò è una proporzionale diffusione di patologie che investono il sistema metabolico, il sistema circolatorio, l'apparato respiratorio e quello scheletrico. Ipertensione arteriosa, diabete tipo 2, osteoporosi, alterazioni dei grassi nel sangue (dislipidemie), difficoltà respiratorie e invecchiamento precoce sono alcune delle manifestazioni patologiche che denunciano un'alterazione dell'equilibrio metabolico e, dunque, la perdita dello stato di salute. Nell'epoca moderna, con i ritmi frenetici della vita quotidiana risulta facile nutrirsi con cibi pronti, pre-cotti, fast food e varie innovazioni culinarie che non fanno bene alla salute.

In particolare le famiglie e i giovani sono bersagliati dalle pubblicità alimentari, che spesso offrono una vera e propria "messa in scena" delle caratteristiche che attribuiscono valore al singolo prodotto.

La comunicazione di questi prodotti arriva al grande pubblico con molto impatto. Ma in un'ottica di "etica della comunicazione" non sempre rispettano i principi morali della buona comunicazione.

Le industrie alimentari, per mantenere i *trend* di vendita, educano gli spettatori a nuovi bisogni nutritivi tramite la pubblicità.

Il continuo cambiamento di linea, di innovazioni produttive, pur mantenendo costante il richiamo alla tradizione, alla

genuinità e alla qualità data dal marchio, produce nel consumatore il bisogno di "avere" e "nutrirsi di quel prodotto".

All'inizio degli anni Venti il famoso pubblicitario Bruce Barton trasformò la *General Motors* in una metafora della famiglia americana, "qualcosa di personale, di caldo, di umano", fino a che GE non divenne tanto la sigla dell'anonima *General Electric* quanto, a detta di Barton, "le iniziali di un amico (Klein 2000)".

D'altro canto per combattere il nuovo inquietante anonimato dei prodotti confezionati diventa imperativo suscitare senso di familiarità e di fiducia: costruire quindi una "personalità" del prodotto e centrare la sua peculiare identità.

Le aziende producono le merci, ma quello che i consumatori acquistano sono inizialmente i marchi e dunque in definitiva il mito a loro raccontato.

I riferimenti

La natura è il primo riferimento forte al quale si richiama la pubblicità alimentare, un potente referente simbolico utilizzato per comunicare genuinità, qualità, bontà dei prodotti pubblicizzati.

Una sorta di neotradizionalismo, un rassicurante rifugiarsi nel passato causato dal disorientamento della moderna società, sono il nucleo narrativo di numerose pubblicità alimentari della grande distribuzione.

Il mito della "Natura" ha origini lontane e si realizza ancor oggi in molte campagne pubblicitarie attraverso precise caratterizzazioni.

Il bisogno di rallentare i tempi, contrario alle innovazioni e alle trasgressioni, viene enfatizzato da titoli e immagini nel caso specialmente dei prodotti coltivati, raccolti dalla terra e lavorati in modo ancora artigianale.

La ditta Bertolli sin dai titoli delle sue pubblicità esplicita questo richiamo alla tradizione e alla lavorazione artigianale perché con il suo olio "condisce due volte: condisce nutriente, condisce naturale".

Inoltre l'oggetto da vendere occupa quasi tutta la superficie della costruzione grafica, caratteristica da ricollegare ai manifesti degli anni Cinquanta e Sessanta, da cui è nata la Pop Art, realizzati dalla "dilatazione e dall'accentuazione delle forme, dei colori, delle materie, le pubblicità che hanno costruito un modello di civiltà degli oggetti, perché li hanno trasformati da artigianali presenze a protagonisti (Quintavalle 1996)".

Nei casi invece dei fast food, ove difficilmente l'oggetto finito rimanda all'idea della natura i pubblicitari hanno ideato uno stratagemma.

L'oggetto viene prima "smontato" per mettere in risalto la provenienza "naturale" dei prodotti, per poi esser ricomposto nell'ultima immagine, ricevendo tutto il carico di "natura" sviluppato dai fotogrammi precedenti.

Non è importante se i prodotti non sono veramente come li mostrano nella pubblicità, per la legge italiana è sufficiente

¹ OMS, *Obesity and Overweight*. Fact Sheet n. 311, October 2017 (accessibile online su: <http://www.who.int/mediacentre/factsheets/fs311/en/index.html> [accesso del 09.01.2018]).

² <http://www.istat.it/it/archivio/202040> (accesso del 09.01.2018).

inserire la scritta (a volte neanche ben leggibile: “Immagini puramente dimostrative”).

È il criterio di verità, in questa etica della comunicazione utilitarista, che così viene aggirato e messo in discussione.

Oggi, nel mondo dominato dai mezzi di comunicazione di massa, vige una disattenzione per le regole e i principi morali di base.

Sembra che nell’ambito comunicativo domini uno scarso rispetto per l’ascoltatore (considerato come un bersaglio da colpire), un’insufficiente attenzione per le esigenze che provengono dalle varie fasce di utenti (tutti subordinati indistintamente ai meccanismi della pubblicità) e un abuso dei mezzi d’informazione. Emerge quindi un bisogno di etica.

Diviene urgente mostrare che nei processi comunicativi è necessario riferirsi ad alcuni principi di comportamento e che tali principi devono risultare universalmente condivisibili che debbono configurarsi come validi in generale.

Di seguito portiamo una brevissima analisi, non esaustiva, di alcuni spot pubblicitari di grandi marche alimentari. Metteremo in risalto solo i riferimenti più evidenti e più persuasivi presenti in questi spot.

Burger King

Lo spot del “*Free Soft Drink for a Whopper*”, caricato su youtube ³ nel 2011, mette in risalto diversi parametri persuasivi interessanti.

Per quanto riguarda le immagini due aspetti richiedono il massimo dell’attenzione: 1. Il liquido della bibita (espulso orizzontalmente) ha un’evidente forma fallica. La sottolineatura per analogia sessuale prosegue nello spot fino al momento in cui il liquido (orizzontalmente) penetra nel bicchiere.

Il richiamo sessuale è sicuramente uno dei più utilizzati in tutte le pubblicità del mondo, alcuni uomini del marketing sostengono che la forma del rossetto abbia una forma fallica appositamente per esser più apprezzato dalle donne.

Per quanto riguarda gli altri aspetti persuasivi, lo spot del Burger King evidenzia il forte richiamo al gusto classico della natura, i singoli ingredienti vengono presentati con delle goccioline di acqua (forte richiamo naturale) per finire con la carne sulla griglia stile “barbecue familiare”.

L’associazione visiva, anche se su campo neutro, è accompagnata dalla musica del Bolero, una musica classica che richiama, sia la naturalità degli ingredienti sia il movimento, dapprima lento e poi veloce, tipico dell’atto sessuale.

Ovviamente questo è un solo spot della famosa catena, altri spot sono totalmente differenti, richiamano l’idea ironica del “pasto da Re ⁴” (King) o attirano i bambini (BK

Kids Meal) con i cartoni animati (Spongebob ⁵, Pokemon ⁶ ecc.).

Mc Donalds

Nella pubblicità italiana del *Chicken Gourmet* ⁷, si vedono persone normali che portano cesti di verdure sulla testa, com’era la tradizione italiana del passato di andare al mercato, caricare frutta e verdura in un cesto che poi, portandolo con la testa, sarebbe arrivato sulla tavola della famiglia media.

Tutto lo spot è basato sul miscuglio della “tradizione naturale” con l’attuale vita movimentata delle grandi metropoli. La coppia di gioiosi e felici ragazzi che degusta un menu medio con il sorriso sulle labbra, assistendo alla scena sottolinea la bontà del pasto.

Tra chi coltiva l’orto, chi posiziona uno spaventapasseri, chi scarica una balla di fieno, il richiamo naturale dello spot è fortissimo.

Anche il vigile urbano che normalmente dirige il traffico metropolitano si trova a fermare un trattore e invece del tipico suono del fischiello esce il suono di un gallo.

I “sapori autentici” del Gourmet di Mc Donalds, presentato su una tovaglia di pizzo ricamata a mano (altro messaggio di tradizione), accompagnato dal pane appena sfornato che si rompe teneramente a metà non può far altro che sottolineare l’aspetto naturale degli ingredienti. Se non fosse che le immagini sono accompagnate da una piccola didascalia che recita “Immagini puramente dimostrative”. Purtroppo per lo spettatore, l’immagine colpisce la sua mente molto più di una piccola scritta, che quindi non verrà interiorizzata dall’ignaro spettatore che riceverà l’informazione della “naturalità del prodotto”.

Nutella

Lo spot della Nutella, caricato sul Canale Youtube FerreroNutellaYT ⁸ nel 2012, utilizza delle tecniche tipiche delle terapie mentali (Pensieri 2012) della Programmazione Neuro Linguistica (Bandler 1983) e dell’ipnosi.

L’inizio rallentato e in bianco e nero segnano il “grigiore” della vita. Appena arriva la Nutella tutto si colora, i movimenti tornano alla velocità naturale e il sorriso appare sulle

³ Accesso del 09.01.2018 (<http://www.youtube.com/watch?v=BOngesWW2oc>).

⁴ Accesso del 09.01.2018 (<http://www.youtube.com/>

watch?NR=1&v=8NIUCxPd-04).

⁵ Accesso del 09.01.2018 (<http://www.youtube.com/watch?v=cks2LZ6T50M>).

⁶ Accesso del 09.01.2018 (<http://www.youtube.com/watch?v=Xw5PqgPjIk4>).

⁷ Accesso del 09.01.2018 (<http://www.youtube.com/watch?v=jU8JLnKLseY>).

⁸ Accesso del 09.01.2018 (<http://www.youtube.com/watch?v=N0HFzt4NCak>).

labbra dell'attrice. L'augurio del "buongiorno", che passa tramite la canzone italiana di Pavarotti (Buongiorno a te), sottolinea la nazionalità del prodotto e il suo forte legame con la famiglia italiana, d'altronde la pubblicità deve colpire il *buyer* e quindi la mamma o il papà che al supermercato comprerà il prodotto per i figli.

Ma lo spot coinvolge anche le coppie felici di giovani fidanzati e di bambini che corrono spensierati, il *claim* finale racchiude tutta la pubblicità "un buongiorno con Nutella fa più buona la vita".

Heart Attack Grill

Una catena, che fortunatamente non esiste in Italia, chiamata *Heart Attack Grill*⁹, il cui nome già la dice lunga, ha ideato una campagna promozionale basata sulla insalubrità dei propri prodotti.

Tutto il contrario dei richiami alla natura dei precedenti spot, questo si distingue dagli altri proprio perché la leva è che "nulla di naturale e di dietetico" è venduto all'interno, solo ed esclusivamente il *best of* di "cibo spazzatura".

Il servizio andato in onda sulla ABC News¹⁰ è molto esplicativo a riguardo.

L'idea eccezionale è che all'interno del fast food lavorano solo belle ragazze vestite con striminziti abiti da infermiera, molto aderenti e che lasciano poco spazio all'immaginazione inoltre ogni cliente che entra prima di mangiare deve indossare un "camice da ospedale", l'idea subliminale che passa al cliente è che, anche se ironicamente, si trova in un contesto "protetto" eppure sulla porta del locale è scritto in rosso e bianco, come i colori del pronto soccorso, che: *Caution this establishment is bad for your health*, mentre all'interno del locale, in opposizione a quanto comunemente si può pensare, c'è scritto che le persone sopra i 350 pounds (160 kg) mangiano gratis.

La cosa ancor più triste è che il testimonial della catena (Blair River), un ragazzone di 570 pounds (260 kg) è morto a soli 29 anni.

In tutte le pubblicità lo si vedeva mangiare nel locale con tutte le infermiere che gli si strusciavano vicino e che lo guardavano con aria maliziosa, facendo trasparire il messaggio "grasso è bello".

Certamente il panino chiamato "Quadruplo Bypass" e le "Flatliner Fries" (patatine fritte anche con lo strutto) della catena non hanno contribuito alla salute del povero testimonial.

Ricordiamo infine che l'*Heart Attack Grill's* slogan è che loro servono del cibo con un "gusto per cui vale la pena morire"¹¹.

Etica e comunicazione

La teoria standard della comunicazione, secondo Adriano Fabris, è un rapporto unilaterale fra emittente, colui che emette un messaggio, e destinatario, colui che riceve il messaggio (Fabris 2006). Tale messaggio è a sua volta trasmesso in virtù di un contatto (canale) fra emittente e ricevente, che si configura secondo un codice (lingua) e si riferisce ad un contesto. Il linguista e semiologo Roman Jakobson è stato il primo a riferirsi a questa concezione, facendo riferimento alla teoria matematica dell'informazione sviluppata nel secondo dopoguerra da Shannon e Weaver. Lo scopo di Shannon era di ricercare il modo più efficiente per trasmettere i segnali, evitando ambiguità, disturbi e rumori di fondo. Jakobson applica questa teoria all'ambito della linguistica e la trasforma in un modello suscettibile di essere esteso a ogni dimensione comunicativa.

Secondo la teoria standard quindi, per fare "buona" comunicazione, è sufficiente trasmettere in maniera efficiente il messaggio, ottenendo il massimo risultato con il minimo sforzo, eliminando tutto ciò che provoca rallentamenti, disturbi, ridondanze, ambiguità.

La comunicazione pubblicitaria è divenuta un esempio paradigmatico di questa concezione di comunicazione. Una pubblicità è buona quando risulta efficace, quando raggiunge il proprio bersaglio con il minor numero di errori e con il minor spreco di risorse. La comunicazione pubblicitaria costituisce un'esemplificazione del modello standard.

Per questo modello utilitarista, "Comunicare bene" significa comunicare in maniera "efficace ed efficiente".

Secondo questa impostazione etica, la buona comunicazione è quella che viene incontro all'interlocutore, quella che tiene conto in primo luogo dell'audience. Comunicare bene significa conformarsi alle esigenze dell'interlocutore.

Se finora l'etica della comunicazione era soprattutto caratterizzata da una fedeltà a se stessi in quanto soggetti comunicativi e dalla disponibilità ad andare davvero oltre se stessi, con questo modello s'impone il criterio di fedeltà all'interlocutore: si salvaguarda il diritto non solo di chi parla, ma soprattutto di chi ascolta.

Nel nostro rivolgerci agli altri, è insita la tendenza a uniformare ciò che diciamo a quelle che sono le categorie di comprensione.

Bisogna ripensare alla nozione di "retorica": la "buona" retorica è quella in cui si ha l'intenzione di regolare il proprio discorso a partire dalle esigenze dell'audience che devono essere subordinate all'idea di dire la verità; "cattiva" retorica è quella in cui l'interesse per l'interlocutore risulta prioritario indipendentemente dal contenuto del comunicato. Lo scopo del comunicare, pertanto, come sottolinea Fabris, rischia di essere solo quello di persuadere, rendendo inutile ogni attenzione ai contenuti.

Ne "La Retorica" di Aristotele viene evidenziato il rapporto tra retorica ed etica. Nella misura in cui l'ascoltatore

⁹ Accesso del 09.01.2018 (<http://www.heartattackgrill.com>).

¹⁰ Accesso del 09.01.2018 (http://www.youtube.com/watch?v=hqf_SIQ3JAK).

¹¹ Il motto dell'*Heart Attack Grill* è che servono cibo "with a taste worth dying for".

è un interlocutore capace di decidere, compito del discorso retorico è quello di mettere in opera l'adeguato modello di persuasione conforme a ciascun argomento.

Chi parla, chi scrive vuole essere creduto. Chi ascolta, chi legge ha una predisposizione a credere. Chi parla e chi ascolta risultano entrambi legati da un rapporto di fiducia. Chi parla si presenta come credibile e dev'essere in grado di esibire le credenziali di questa sua credibilità. La dimensione della fiducia e della credibilità è ciò che è chiamato a custodire chiunque comunica, nei vari modi in cui lo fa e in conformità con le competenze che ha acquisito.

La questione della verità

Comunicare o meno la verità rappresenta un problema per chiunque voglia elaborare un'etica della comunicazione.

A livello filosofico, si ripropone il dibattito sulla questione della verità, già avvenuto nel 1797 tra Constant e Kant. All'epoca il dibattito fu molto acceso, mentre Kant considerava il dire la verità come un principio incondizionato. Constant puntò le sue argomentazioni sulle conseguenze di cui è responsabile chi dice la verità. Constant sosteneva che, se si assume in modo incondizionato e isolato il principio secondo cui è un dovere morale dire la verità, ogni società diventava impossibile. Per Kant, la moralità implica il dovere incondizionato alla verità, mancando il quale cesserebbe la ragion d'essere di qualunque consorzio sociale.

Kant distingue, in merito alla verità, un aspetto oggettivo e un aspetto soggettivo. L'aspetto oggettivo è l'essere vero o falso di una proposizione. Quello soggettivo è la sincerità o veridicità personale (Constant 1964). Per il primo punto Kant afferma che l'essere vero o falso di una proposizione non può dipendere dalle volontà del proprietario. Il secondo aspetto della verità, quello soggettivo, non riguarda la conoscenza nei suoi contenuti, ma le intenzioni e, conseguentemente, i comportamenti individuali che permettono o no l'accessibilità di tali contenuti ad altri.

Kant ritiene che non si ha mai, in nessun caso e per nessun motivo, il diritto di mentire, cioè di limitare soggettivamente l'accessibilità della conoscenza. Il filosofo giustifica tale tesi con ragioni che concernono sia il rapporto della conoscenza col diritto, sia il rapporto della conoscenza col mondo. Kant, quindi, rifiuta la menzogna radicalmente, perché renderebbe impossibile la fondazione della società e afferma che "Dire la verità è un dovere assoluto".

Per contro, Constant sostiene che il dovere alla verità è tale solo nei confronti di chi ne ha diritto; l'idea di dovere è inseparabile da quella di diritto: un dovere è ciò che in un individuo corrisponde ai diritti di un altro individuo. Dove non ci sono diritti non ci sono nemmeno doveri. Dire la verità è dunque un dovere, ma solo nei confronti di chi ha diritto alla verità.

Per Kant, invece, l'espressione "aver diritto alla verità" è priva di senso. Occorre dire piuttosto che l'uomo ha diritto

alla sua veridicità, ovvero alla verità soggettiva nella propria persona. Nella definizione di menzogna, intesa come dichiarazione non vera resa intenzionalmente ad altri, è implicito che essa rechi danno ad altri.

Nel nostro caso specifico la TV ha la capacità di creare verosimiglianze, anche senza dire la verità o dicendo mezze-verità o addirittura falsità ammantate di verità. Nella TV, realtà e irrealtà si confondono: tutto è finzione e tutto risulta "vero". Ciò che si vede si offre nella sua immediatezza e si crede che corrisponda a qualcosa di reale. Quindi s'insinua il giudizio morale per il quale ciò che non si vede, allora non esiste. Inoltre, nulla sfugge alla spettacolarizzazione e, se tutto è spettacolo, viene meno la distinzione fra realtà e apparenza.

L'elaborazione dei codici deontologici per coloro che fanno, in diverse modalità, la televisione non basta perché bisogna lavorare sul senso di responsabilità del giornalista, del pubblicitario, del committente nonché del pubblico.

Conclusioni

Un'etica della comunicazione non può che essere un'etica del bene comune, che chiama in causa la responsabilità di chiunque voglia comunicare, postula nel comunicare la capacità di saper compiere scelte morali, facendo riferimento ad alcuni criteri e principi di comportamento etico, validi e condivisibili universalmente. Comunicare quindi è cercare la verità per condividerla.

Una comunicazione che deve passare anche attraverso una linguistica sana (Pensieri 2016) e che non crei inganni (evidenti o latenti).

La comunicazione è creazione di uno spazio comune. Un'etica della comunicazione che mette in evidenza lo spazio di condivisione tra gli uomini, che crea uno spazio di intesa, uno spazio in cui tutti possiamo essere collegati, in cui gli elementi di divisione, di lotta, di guerra possono essere superati attraverso gli strumenti del comunicare.

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RECENSIONI
BOOK REVIEWS

Il capitale umano dell'età. La saggezza della vita

NATALE GASPARE DE SANTO, LUIGI SANTINI, VINCENZO BONAVITA

Guida ed., Napoli 2017

Ci troviamo davanti a una selezione di quindici dei trenta contributi e temi discussi a Napoli il 15-16 settembre del 2016 alla Conferenza Internazionale su *The Human Capital of Age* promossa dall'Istituto Italiano per gli Studi Filosofici e dall'Università Federico II e dalla Università della Campania Luigi Vanvitelli. La conferenza ha messo insieme politici, storici, filosofi, giuristi, biologi, specialisti della vecchiaia, teologi e scrittori. Il materiale selezionato è stato diviso in tre parti. La prima è dedicata alla prefazione dello storico G. Galasso e alle note dei curatori, la seconda è biologico-clinica e affronta da varie angolazioni la realtà complessa della vecchiaia e dell'invecchiamento e la terza i suoi aspetti storici, giuridici, filosofici e teologici. A Garabel Eknoyan, professore al Baylor College of Medicine di Houston (USA), è affidato il compito di fare una breve conclusione con una sintesi dei principali temi discussi.

Da questo breve riassunto si comprende quanto siano numerosi e interessanti i temi raccolti. Ne riassumerò alcuni che nelle varie relazioni sono dovutamente approfonditi e aggiornati.

Giuseppe Galasso risponde alla domanda: "Quale rapporto può essere constatato e presupposto tra l'età dei protagonisti e l'andamento del corso storico nelle sue varie espressioni?". La risposta, molto articolata, afferma che la storia è sostanzialmente indifferente all'anagrafe. Di protagonisti giovani e giovanissimi della storia se ne trovano molti, non solo Alessandro Magno che tra i 20 e i 33 anni sconvolge l'assetto del mondo mediterraneo e del vicino Oriente. Al polo opposto, tra tanti altri, troviamo Adenauer che diventa nel 1949, a 73 anni, Cancelliere della Germania Federale

post-bellica e rimane Cancelliere fino al 1963, contribuendo in maniera determinante, oltre che a ricostruire lo Stato e la società tedesca, alla costituzione dell'Unione Europea. Vi sono poi i casi di coloro, uomini e donne, che hanno assunto il potere in giovane età e lo hanno conservato a lungo, come Carlo Magno e Maria Teresa d'Austria. La storia, conclude Galasso, non guarda alla data di nascita, guarda alle capacità dimostrate di essere attivi nella vita sociale e collettiva e questo non soltanto ai protagonisti della storia, ma anche a quelli il cui nome si perde nel momento stesso in cui essi si spengono. Gli uomini sono tutti compresenti e coagenti, tutti insomma protagonisti della piccola o grande storia di cui ognuno è parte.

Lo storico non manca inoltre di sottolineare come la rivoluzione della piramide dell'età con l'aumento crescente della percentuale di anziani, oggi assai vicini a costituire la base di una piramide tronca, molti di loro con capacità produttive, esiga una profonda riconsiderazione del loro posto nella società. Non è più il tempo di un'esaltazione incondizionata della giovinezza e di un'identificazione della vecchiaia con la malattia di cui non si guarisce. È a partire da questa ultima considerazione dell'intervento di Galasso, non a caso messo come prefazione del libro, che si snodano tutti gli altri capitoli, che come il titolo della Conferenza e del libro indicano, è una costante affermazione delle potenzialità di chi è avanti negli anni per cui non è giustificata la sua esclusione dalla popolazione attiva per ragioni esclusivamente anagrafiche.

Al neurologo Vincenzo Bonavita spetta il compito di documentare come l'età non riduce sempre, concretamente in un clinico, le capacità di diagnosi e di cura, bensì può migliorarle, naturalmente se ben invecchiato. Infatti la maturazione di un clinico, la cui metodologia è basata sull'osservazione della natura, l'intuizione e la formulazione di ipotesi, nel corso della vita, dipende: 1) da chi sarà più ricco di conoscenze soprattutto acquisite sul campo; 2) da chi sarà più capace di enucleare significati nel rumore di fondo di storie più volte ascoltate, e come "non v'è storia senza menzogna" (Augusto Murri), non mancherà, a ottant'anni e oltre, la storia mai ascoltata.

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Il Bonavita considera la riserva cognitiva una condizione essenziale per le potenzialità funzionali di una “vecchiaia di successo”. Ma la riserva cognitiva presuppone una dotazione di base che non è uguale per tutti. Inoltre lo sviluppo delle attitudini generali consente un migliore sviluppo delle competenze specializzate, quindi la capacità di proporre e risolvere problemi particolari. Il clinico ben invecchiato conserva tutta l'intelligenza generale maturata negli anni giovanili, e continua a farne tutto l'uso possibile per formulare e risolvere problemi. L'obiettivo che il clinico si propone è la ricostruzione di un paradigma, ma la ricostruzione del sintomo all'eziologia è rivolta all'individuazione diagnostica della causa della malattia. Nella ricerca della causa degli eventi naturali, la malattia ne è una variante deviata; occorre ricongiungere passato e futuro e il passato è nella memoria dei grandi vecchi che potranno avere qualche esitazione nella memoria breve, ma non nella memoria antica di cui sono solidi depositari. Il Bonavita conclude: il vecchio ben fatto ha l'obbligo di insegnare il metodo della conoscenza clinica mediante la pratica che è fatta anche di osservazioni minute, che non si potranno ritrovare nei trattati, ma che si dovranno tramandare oralmente prima che vadano perdute.

Sulla riserva cognitiva e l'invecchiamento di successo si sofferma un altro neurologo, Stefano Cappa, il quale ricorda: 1) che il concetto di riserva cognitiva è stato introdotto in neurologia dopo aver osservato in malati di Alzheimer discrepanze tra la gravità della patologia cerebrale e i deficit funzionali/cognitivi corrispondenti a livello individuale; 2) che la gravità della ipoperfusione, che può essere considerata come un indice di compromissione cerebrale, era inversamente proporzionale al livello di istruzione. In altre parole, lo stesso livello di gravità clinica era associato a un più grave coinvolgimento del cervello nei soggetti più istruiti, suggerendo che l'educazione possa agire come fattore di protezione contro il declino cognitivo. Studi successivi di Y Stern del 2012, V. Garibotto del 2013 e di M. Baungart e di Ferreira del 2015 e di molti altri, hanno ulteriormente sviluppato il concetto di riserva cognitiva sulla base di una distinzione artificiale tra componente passiva della riserva, identificata da indici quantitativi (dimensioni del cervello, numero di neuroni, densità sinaptica) e una componente attiva legata alla compensazione funzionale e riorganizzazione indotte da fattori ambientali e dallo stile di vita e indicizzata da istruzione, ruolo professionale e attività intellettuale e della memoria nel lavoro.

I risultati di queste ricerche sperimentali suggeriscono che l'istruzione e l'occupazione possono essere considerate come misure surrogate di riserva cerebrale, con un impatto sulla riduzione della gravità della demenza e in grado di ritardare l'espressione clinica della patologia cerebrale. La nozione di riserva cerebrale viene incontro al crescente interesse sui fattori di rischio modificabili come strategia per la promozione della salute del cervello. Ci sono ora solide evidenze di effetti protettivi sul declino cognitivo e sulla demenza da parte di attività fisica, dieta mediterranea, training cognitivo, bilinguismo e impegno sociale. Il prof. Cappa suggerisce per-

ciò l'opportunità di sviluppare sulla base di questo insieme di conoscenze programmi finalizzati ad agire positivamente sulla riserva cognitiva per mezzo di interventi attivi a vantaggio della salute del cervello non solo degli anziani, ma anche per altre varietà di condizioni neurologiche come ictus e sclerosi multipla, dove la riserva cognitiva sembra agire come un importante mediatore tra patologia e prestazioni funzionali.

Particolarmente suggestivo e centrale nella Conferenza napoletana l'intervento di Natale G. De Santo: “L'invecchiamento, la ricerca scientifica e i professori emeriti”. Sulla base di dati raccolti in un'inchiesta sull'attività di professori clinici in pensione effettuata in 99 università di venti paesi e richiamando l'autorità di Cicerone e di un premio Nobel, si smentisce che la vecchiaia sia sinonimo di malattia e disabilità.

Marco Tullio Cicerone nel “De Senectute” afferma: “Le più idonee armi della vecchiaia sono le arti e la pratica delle virtù, le quali coltivate in ogni età, quando tu sia vissuto a lungo e intensamente producono frutti meravigliosi”. Il premio Nobel Rita Levi Montalcini ha spiegato scientificamente la ragione per cui tanti scienziati, politici e artisti siano stati attivi e creativi fino a una tarda età: “Il cervello umano è dotato di potenzialità anche in età molto avanzata di gran lunga superiori a quelle che gli sono riconosciute. In questa ultima fase della vita, i circuiti cerebrali ricorrono a strategie specifiche e insite nelle modalità funzionali dello stesso sistema nel fronteggiare le insidie degli anni”.

Non si tratta di difendere i vecchi come reazione a una incombente idolatria della giovinezza, ma soltanto di prendere atto che in tutte le società sane il progresso in qualunque settore, educativo, politico, artistico, scientifico, è frutto di un'attività intergenerazionale. È confermato che i migliori risultati nella ricerca scientifica sono ottenuti da team in cui collaborano giovani ricercatori che portano innovazione insieme a vecchi che portano esperienza.

Il prof. De Santo, infine, mette in risalto le differenze tra il sistema di pensionamento americano e quello europeo ispirato al Regno Unito. In Europa, anche un premio Nobel ancora attivo, va in pensione a un'età prefissata. Negli USA, se sei capace, il certificato anagrafico non ha alcun valore. Il merito scientifico conta, l'età cronologica è ininfluente. Sono molte perciò le voci che si levano contro il pensionamento obbligatorio.

Molti altri sono gli argomenti di grande attualità affrontati nella Conferenza e raccolti nei vari capitoli del libro: i vecchi e la vecchiaia nel Nuovo testamento (cardinale Sepe), la posizione di Platone, Aristotele, Plutarco e Galleno sull'invecchiamento (A. Diamandopoulos); vecchiaia e indebolimento del sistema immunitario (P. Altucci); la necessità di rivedere la tendenza a considerare il “fattore età” come un indicatore terapeutico, ovvero come criterio discriminante per decidere se assistere o meno il paziente anziano (L. Santini); Invecchiamento e titolarità a vita del ruolo accademico negli Stati Uniti d'America (Garabed Eknayan).

Michelangelo Pelàez

RECENSIONI
BOOK REVIEWS

Il regime di salute in medicina Dalla dieta ippocratica all'epigenetica

SERENA BUZZI

Edizioni dell'Orso, Alessandria 2017

Oggi si parla molto del binomio "alimentazione e buona salute" che, sommati ad altri fattori come ambiente, stili di vita e anche condizioni politico-sociali, incidono molto sulla qualità di vita e sulle condizioni psico-fisiche dell'essere umano.

Il presente volume pubblicato dalle Edizioni dell'Orso, dal titolo *Il regime di salute in medicina. Dalla dieta ippocratica all'epigenetica*, raccoglie gli atti del convegno *Il regime di salute* proposto dall'Expo 2015 di Milano (Nutrire il pianeta, energia per la vita). Nello specifico, questo libro nasce dall'unione di diversi contributi di autori, studiosi italiani e stranieri, organizzati dalla classicista Serena Buzzi, particolarmente interessata alla medicina greca e associata all'Accademia di Medicina di Torino.

Gli autori del libro si interrogano sull'importanza del regime di salute nel mondo antico, andando a indagare il rapporto tra salute e malattia. Questo rapporto viene affrontato da diversi punti di vista. Da un lato si tiene conto dell'alimentazione e dei comportamenti alimentari da seguire mediante indicazioni concernenti i criteri di moderazione e di varietà sul tipo di dieta e sull'esercizio fisico, fornendo inoltre rimedi pratici per l'inappetenza e per i postumi dell'ubriachezza. Dall'altra parte vengono esplorate anche le norme igieniche sanitarie, tra cui l'esposizione alla luce solare, fondamentale nei processi di guarigione di numerose malattie sia fisiche che psichiche. Per cui gli autori non si limitano solo all'aspetto prettamente alimentare, ma il tema della dieta viene affrontato in senso più ampio, proprio come veniva concepito sin dai tempi di Ippocrate.

Il pensiero del medico di Cos e i trattati trasmessici sotto il suo nome vengono analizzati nel contributo di Véronique Boudon-Millot, che esamina il concetto di dieta nella tradizione ippocratica e pseudo-ippocratica confrontandola con quella galenica. In particolare nella prima parte del saggio si sofferma sul celebre aforisma attribuito a Ippocrate: "che il tuo cibo sia la tua miglior medicina", che deriva dal trattato ippocratico *De Alimento*. Questo aforisma, tuttora utilizzato dagli esperti nel campo della nutrizione, è stato grande oggetto di discussione già nel mondo antico da Galeno sino a Giovanni d'Alessandria. Il dibattito su cui si scontravano gli antichi e non solo, s'incentrava sul significato da attribuire ai termini medicina (*φάρμακον*) e alimento o cibo (*τροφή*), di cui sono state date numerose definizioni. Galeno nel suo trattato sulle *De simplicium medicamentorum facultatibus* definisce il termine medicina, come tutto ciò che modifica la natura dell'essere umano e considera il cibo come tutto ciò che accresce la sostanza. Egli inoltre nella sua opera ribadisce che non tutti gli alimenti assunti generano gli stessi effetti sul corpo, ma variano a seconda della persona e della disposizione in cui si trova.

Sul concetto di dieta ippocratica si sofferma anche Andrea Fesi, che parla del ruolo di due categorie di alimenti: carne e cereali, che a seconda del loro consumo potrebbero apportare miglioramenti oppure causare danni alla salute dell'uomo. Quest'ultimo conclude il suo saggio riflettendo sui grandi passi avanti che il sapere medico ha raggiunto rispetto alle conoscenze ippocratiche; anche se taluni aspetti di quella medicina rimangono molto attuali.

Interessante e articolato anche il contributo *Archeologia e dieta: dalle fonti ai resti umani*, di Chiara Zanforlini, che parla dell'alimentazione e delle condizioni di salute nell'antico Egitto.

L'analisi delle fonti scritte e iconografiche e del materiale istologico ha permesso di analizzare con precisione la dieta nel mondo egizio, anche se si tratta di dati che si riferiscono alle classi più agiate, che potevano permettersi di costruire

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una tomba e di farsi imbalsamare. Tuttavia l'autrice spiega che le peculiari condizioni climatiche del deserto hanno permesso di conservare numerosi alimenti, soprattutto da contesti tombali e anche molti resti di coloro che appartenevano alle classi medio-basse, grazie alla mummificazione naturale.

Dall'analisi dei cibi è emerso che l'alimentazione nell'antico Egitto era prevalentemente basata sui cereali, sotto forma di pane e birra e sull'apporto di frutta e verdura.

Il consumo di carne era, come in molte altre civiltà, riservato alle classi più agiate, che prediligevano quella di volatili domestici come oche e anatre, ma a volte anche quella di uccelli selvatici. Inoltre, le classi più agiate erano quelle maggiormente colpite da alcune malattie come aterosclerosi e ipercolesterolemia, proprio a causa dell'elevato apporto di cibi molto aterogenici nella loro dieta.

Non manca, nella medicina antica, l'attenzione e lo studio della malnutrizione e della povertà: il saggio di Ivan Garofalo, dell'Università degli Studi di Siena, tratta il tema della carenza alimentare sulla base di alcuni passi di Ippocrate, Galeno e degli Alessandrini. Galeno illustra una distinzione chiara degli alimenti che venivano consumati nelle campagne e nelle città, specificando che la popolazione contadina si cibava di cereali di qualità inferiore, in quanto il frumento era destinato alle città. Le persone povere si rivolgevano a medici, altrettanto umili, che prescrivevano loro farmaci poco costosi. A questo proposito Galeno sosteneva che i pazienti economicamente più agiati erano meno obbedienti alle cure rispetto ai poveri. Questi ultimi invece erano più disponibili a seguire le indicazioni del medico e, di conseguenza, non pativano le malattie tipiche dei più ricchi, che erano spesso provocate da un'alimentazione eccessiva.

Il modo in cui il mondo greco-romano affronta il consumo eccessivo di cibi e bevande e delle patologie che ne derivavano viene analizzato nel contributo di Fernando Notario Pacheco dell'Università Complutense di Madrid. Egli descrive i problemi relativi ai postumi dell'ubriachezza e dell'eccesso di cibo e i rimedi sia popolari che sofisticati che venivano utilizzati nel mondo antico. L'alcolismo ad esempio, era rimediabile con l'ingestione di una decina di mandorle amare prima del pasto, praticata soprattutto dagli invitati ai banchetti di Druso, figlio di Tiberio, per evitare i postumi delle sborne, che in tali occasioni non si facevano mancare.

Nel saggio di Tommaso Raiola viene descritto e analizzato uno dei temi più dibattuti nell'opera di Plutarco: il vegetarianesimo. Nel *De esu carniū* egli sostiene l'inadeguatezza del corpo umano al consumo di carne, in quanto non dotato degli organi necessari a procacciarsi un tale alimento. Plutarco mette in evidenza l'incapacità del corpo umano di digerire la carne cruda, che infatti lo ha spinto a denaturare la carne

attraverso la cottura e a utilizzare particolari intingoli per modificarne il sapore. "Inoltre l'uso delle carni non solo è contro natura per i corpi, ma ottunde anche le anime a causa della pienezza e della sazietà..." (p. 129): con queste parole Plutarco continua a sostenere il suo dissenso nei confronti della sarcofagia che provoca danni a tutti i livelli, sia all'apparato digerente, sia alla psiche. Secondo Plutarco, i motivi che hanno spinto verso un'alimentazione carnivora sono, da una parte, la necessità e, dall'altra, la ricerca del piacere che induce a esplorare nuovi sapori spingendo l'uomo al consumo della carne per pura voracità.

Un altro tema molto ricorrente nella letteratura medica antica è quello della luce, di cui parla ampiamente Serena Buzzi nel suo saggio *La dieta della luce: uno sguardo nel tempo*. La luce è sempre stata associata all'idea di vita sin dal suo inizio e il suo uso in ambito terapeutico è molto antico. Alcuni autori come Cicerone, Plinio il Giovane e Celso erano d'accordo sull'influenza positiva dei raggi solari sulla salute. Celso consigliava a tutte le persone, e in modo particolare a coloro che vivevano in città, di esporsi al sole evitando le ore più calde. I medici romani e greci credevano nell'effetto curativo della luce e in particolare dei raggi solari, anche se allo stesso tempo erano consapevoli dei loro possibili effetti negativi. Dal XIX secolo ai nostri giorni la medicina ha riscoperto l'uso terapeutico della luce naturale (fototerapia) in grado di prevenire e curare alcune patologie come tubercolosi, rachitismo, cefalea, lupus e molte altre malattie della pelle. Nel corso dei secoli i benefici della luce sono stati riscontrati non solo a livello corporeo, ma anche sull'umore; infatti, recenti studi nel campo della salute mentale hanno dimostrato l'efficacia della fototerapia nel trattamento dei disturbi affettivi stagionali, nella depressione e in tante altre patologie.

In conclusione, bisogna dire che il presente libro è capace di offrire un excursus cronologico di come sia stato recepito il dibattito culturale sul corretto regime da seguire per il raggiungimento e la conservazione dello stato di salute sia fisico, che psichico. Questa raccolta di saggi cerca quindi di esaminare il concetto di dieta, di stili alimentari e di salute dai tempi di Ippocrate sino ai giorni nostri, creando un perfetto connubio tra il mondo umanistico e il mondo medicoscientifico. Pertanto il libro risulta un ottimo contributo per capire il ruolo del regime di salute nel passato, facendo riflettere sull'importanza dei testi e delle prescrizioni della medicina antica, talora ritenute di minore importanza, in quanto fondate su osservazioni e sugli strumenti empirici a disposizione in quell'epoca, ma che "possono essere rilette come osservazioni realistiche secondo i dettami della medicina e fisica odierna" (p. 155).

Finito di stampare nel mese di Febbraio 2018
presso le Industrie Grafiche della Pacini Editore Srl
Via A. Gherardesca • 56121 Ospedaletto • Pisa
Telefono 050 313011 • Telefax 050 3130300
www.pacinimedicina.it

