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Abstracts

SEULE, UNE PARTIE DES ARTICLES PRESENTES AU CONGRES INTERNATIONAL DE GALVESTON SERA INCLUSE DANS LES ACTES, PROCHAINEMENT PUBLIES MAIS L'INTEGRALITE DES RESUMES CORRESPONDANT AUX PRESENTATIONS ORALES FIGURE DANS CETTE BROCHURE.

ONLY A PORTION OF THE PAPERS PRESENTED AT THE INTERNATIONAL CONGRESS OF GALVESTON WILL BE INCLUDED IN THE PUBLISHED PROCEEDINGS BUT ALL THE ABSTRACTS OF THE ORAL PRESENTATIONS HAVE BEEN ADDED IN THIS PUBLICATION.

SOLO UNA PARTE DE LOS PAPELES PRESENTADOS DURANTE EL CONGRESO INTERNACIONAL DE GALVESTON SERA PUBICADA EN LOS ACTOS, PERO TODOS LOS SUMMARIOS ESTAN EN ESTA PUBLICACION.

A

ATTITUDES TOWARDS PLAGUE EPIDEMICS IN OTTOMAN SOCIETY.

N.V.Akarsu. Istanbul, Turkey.

This study aims to approach the attitudes towards plague epidemics in Ottoman society and evaluate them within the framework of the history of medicine in the Ottoman empire.

Questions as to the causes and origins of plague epidemics; the definition and description of the disease as seen by contemporaries; precautions to be taken and workable cures to fight it, will be treated on the basis of a nineteenth century translation of a sixteenth century Arabic manuscript: Tevfikat-I Hamidiyye fi Defu Æ-Emrazi Æ-Vegaiyye, as a typical example of sources written in the classical Ottoman period.

This study reveals the fact that on the dawn of the rise of modern medicine in Europe, Ottoman society can still provide examples of thoughts and practices of old medicine, besides its gradual moderniztion and integration of new medical knowledge into it medical tradition.

LA VIEILLESSE DANS LA LITTERATURE FRANÇAISE.

Ph. Albou, 18200 Saint-Amand-Montrond, France.

Ce poster propose de manière bilingue (anglais et français) un choix de citations de la littérature française concernant la vieillesse.

Cette présentation est établie à partir d'un ouvrage que l'auteur a publié en 1999, qui est une approche à la fois historique, littéraire et sociologique du vieillissement, de l'Antiquité à nos jours Philippe ALBOU, L'image des personnes âgées à travers l'histoire, Glyphe et Biotem Editions, Paris, 1999.

LES MEDECINS DE LOUIS XIV D'APRES LES LETTRES DE GUI PATIN.

Ph. Albou. 18200 Saint-Amand-Montrond, France.

Le médecin Gui Patin (1601-1672), qui fut doyen de la Faculté de médecine de Paris entre 1650 et 1652, puis professeur au Collège Royal de France à partir de 1655, passait la plupart de ses loisirs à écrire des lettres à quelques confrères de province. Dans l'édition de référence des Lettres de Gui Patin, publiée par Réveillé-Parise (I 846), on ne compte pas moins de 836 lettres, écrites entre 1630 et 1672, qui représentent un véritable " gisement " pour les historiens du XVII' siècle en France. Ces lettres sont écrites dans un style particulièrement plaisant, léger et humoristique, celui de la conversation entre amis.

Certaines d'entre elles concernent les médecins de la cour du roi Louis XIV: Vautier, Valot, Daquin et quelques autres... Nous vous en proposons quelques extraits où l'on retrouve, de manière exemplaire, tout l'humour de Gui Patin.

HISTOIRE DE LA MEDECINE GENERALE EN FRANCE AU XXè SIECLE.

Ph.Albou. 18200 Saint-Amand-Montrond, France.

Les statistiques établies par la Caisse Nationale d'Assurance Maladie (CNAM), en date du 31 décembre 1996, trouvaient la répartition suivante pour l'ensemble des médecins libéraux exerçant en France :

- médecins généralistes: 53, 3 % ;
- spécialités médicales : 23,7 % ;
- spécialités chirurgicales : 17,2 % ;
- spécialités psychiatriques : 5,8 %.

En dépit du développement des spécialités médicales depuis un siècle, la Médecine générale restait donc la pratique médicale majoritaire en France à la fin du XXè siècle. Cette étude s'intéressera en particulier aux divers aspects démographiques, professionnels et sociologiques, des médecins généralistes (également appelés "omnipraticiens " ou encore " médecins de famille ").

La pratique de la Médecine générale, qui reste très ancrée dans les mentalités françaises, sera aussi abordée dans le cadre de ses relations, parfois conflictuelles, avec les caisses de Sécurité sociale (crées en 1945), et aussi au sujet des " conventions médicales " qui se sont succédées depuis 1971.

WOMEN'S HEALING ART: DOMESTIC MEDICINE IN THE OZARKS.

J. Allured, Lake Charles, Los Angeles, USA.

In the Ozarks of the late-nineteenth and early-twentieth centuries, as in most rural communities, women were the primary dispensers of health care. Women called upon an impressive knowledge of native herbs, modern pharmacology, traditional rituals, preventive medicine, and loving care to maintain their families' well-being.

This paper will explore the holistic method of health care dispensed by Ozark women, which involved spirituality, prayer, community and family support, myth and ritual as well as effective pharmaceuticals. In addition, another purpose of my research is to resurrect the reputation of female healers and give them credit for discovering many of the most powerful medicines of their day. Nearly all medicines used by nineteenth-century doctors were natural-produced by plants- and were discovered by women, since they were the family members who worked most closely with herbs and plants.

The thesis of this paper, then, is that while much was gained when medicine professionalized and became more scientific, much was lost when women, the traditional practitioners, were excluded in the process and from the process. Modern medicine too often neglects the psycho-social dimensions of illness and health, and by rediscovering the more traditional style of family- and community- based health care practiced by women, today's health care practitioners have much to gain.

THE IMPORTANCE OF IATROGENESIS IN THE FOUNDING OF MODERN NEONATOLOGY.

B.F.Andrews, Louisville, Kentucky, U.S.A.

In the late nineteen fifties, a new field, Neonatology, began when small and sick babies could be studied with new micro-technology. The technology gained from research in physiology and biochemistry, new pharmacology and antibacterial drugs, and the micro-monitoring and chemistry technology gained directly from space research all contributed to the study and treatment of newborns, The infants of this day were already being looked upon as "Therapeutic Orphans." Drugs and technology used for adults were being applied. Iatrogenesis was being observed and reported, not only from new drugs and technology, but from the old and accepted ones. Iatrogenesis truly served as a major reason for necessary study and research. The cartoon "Neonatology-A Six-Finger Exercise" (1958) was designed to show the importance of looking at each newborn for clinical conditions, each body system, and for birth defects with special attention to the possible influence of iatrogenesis. A tied-off appendage was called pediatrica iatrogenesis.

Infant mortality has decreased from 27/1000 to 7/100 and infants now survive down to 22-23 weeks gestation compared to 28-29 weeks in the late fifties. Iatrogenesis still occurs. In anticipation that emphasis of the cartoon will continue to be useful to future generations, comments will be made on major events over the past forty years. The ethics of "Obniti Iatrogenesi et Primum Non Nocere" (to strive against iatrogenesis and to first do no harm) demand our eternal vigilance.

MEDICINAL PLANTS AND HIS CORRELATION WITH TOPOGRAFICAL AND ANATOMICAL MYTHICAL CONCEPTS IN ANCIENT MEXICAN MEDICINE.

A.Aranda, C.Viesca, G.Sánchez, M.Ramos, Brasil 33, Col. Centro, Facultad de Medicina, UNAM. México, D.F.

In this study, we make a correlation between medicinal plants, mentioned in sixteenth century mexican books and prehispanic nahua concepts concerning to anatomy-topographical items. The relationship between a plant and some specific body parts is clear as the tree foil yoloxochitl flower and its cardiotonic effects for example.

Then, our outcomes permit us a better understanding expressed from and endocultural analysis about the practical medical use of these plants inside the practical medical nahuatl culture.

HISTORY OF DISASTER RELIEF RED CRESCENT IN TURKEY IN CONNECTION WITH THE EARTHQUAKE OF 17th AUGUST 1700.

A.Arikan, Cerrahpasa Tip Fakültesi, Istanbul, Turkey.

The aim of this survey is to draw a history of the Red Crescent activities in disaster relief starting from 1877 till the 17 h of August 1999, the date of the last earthquake that hit the region of Marmara in Turkey.

Following the creation of the organization of the International Red Cross founded in 1864 in Geneva. the Red Crescent was founded in 1977 during the Ottoman-Russian war under the name of HILAL-I AHMER. After some period of services that were interrupt the present Red Crescent was created in 1935 under the name of KIZILAY and its services were spread not only to war period but also to peace periods, to natural disaster to earthquakes floods , fires etc... to epidemic diseases and to other health services.

During the earthquake of 17 th August 1999 we noticed that the historical evolution of the Red Crescent services concept was unfortunately not sufficient in front of the changing word conditions as for example for the field hospital connected to a civil initiative. And, in the light of historical data. we have also understood that, assisting missions are going to change.

B

TEACHING MEDICAL HISTORY : PAST, PRESENT, FUTURE.

B. Belicza, Zagreb, Croatia.

This study will concentrate on how present development in science, technology and medicine "per se", should reflect the teaching of history of medicine.

This survey is based on literature, studies, reports, questionnaires and viewpoints expressed by the participants in teaching, including the conclusions and recommendations developed at meetings, symposia and recent conferences (Zagreb 1997, Strasbourg 1998, Tunis 1998, Naples 1998, Budapest 1999).

Several major features are revealed which indicate that there is no unifying view of the history of medicine as an academic discipline. However, teaching history of medicine has recently undergone a remarkable intellectual development, although its broad educational value has not yet been adequately perceived by the very communities, which are directly affected by it.

If we take for a fact that science education, in general, is essential for human development and that scientific knowledge and its application should be open to public debate which must be informed and democratic, new attitudes and goals of teaching history of medicine should be explored. In our time, international co-operation is necessary to define the strategy of implementing history of medicine in educational programs-by whom and for whom-with respect for specific requirements in each country. It would be very important for the future of the subject to form an International Permanent Forum for co-ordinating courses based upon the common strategy and goals, providing continual follow-up of the Teaching of History of Medicine.

THE NOSOLOGICAL WAXING AND WAXING OF REITER DISEASE.

T.Benedek, Pittsburgh, Pennsylvania, U.S.A.

I will relate how the combination of urethritis, conjunctivitis and arthritis came to be associated with the name of Hans C. Reiter (1881-1969), a German public health physician and microbiologist, based in part on my correspondence with Dr. Reiter. This syndrome was called "gonorrheal arthritis" in the 19th century or, if it was associated with diarrhea, "dysenteric arthritis." The latter association became well documented, both epidemiologically and clinically, as a result of World War I dysentery epidemics. In 1915 Reiter became a co-discoverer of the spirochaete which causes Weil's (liver) disease. In military service in 1916 he received a febrile patient who had diarrhea, urethritis, conjunctivitis and arthritis. During one month of observation Reiter isolated a spirochaete from a blood culture of this patient. He considered this to be causative and to belong to a previously unknown species. His brief publication claimed incorrectly to be describing a new disease. Despite his post-war spirochaetal research, Reiter never performed cultures on patients with a similar syndrome, but criticized others for not confirming his solitary finding. Re never acknowledged that this syndrome had been described previously. However, subsequent authors whose descriptions were more complete referred to Reiter's publication rather than to earlier reports, to be cited. "Reiter's disease" was first used in an English language (Dutch) publication in 1937 and in an American article in 1942. Various intestinal and urinary tract pathogens have now been found to induce the syndrome, probably in genetically predisposed individuals. Antibiotic therapy has confirmed B.C. Brodie's inference of 1818 that this disease is distinct from gonorrheal arthritis. Reiter's dubious claim to his eponym is slowly being replaced by the less specific term, "reactive arthritis."

BETWEEN CARITAS AND SCIENTIA NATURALIS – MEDICAL DOCTOR'S DAILY ROUTINE WORK IN EUROPEAN ART FROM THE 14th TO THE 16th CENTURY.

K.Bergdolt, Cologne, Germany.

The presentation of medical doctors and patients in legends, "Vitae" of Saints or official court illustrations give us a beautiful and useful impression of the outer circumstances of the daily medical work in the late medieval and Renaissance period. The paper is based on a series of slides of very unknown manuscripts and frescoes in Italy and Germany.

ROLE IN INTERNATIONAL RELATIONS.

C.A.Berry, Houston, Texas, USA.

Mankind has been fascinated with the thought of human spaceflight for centuries. When it became a reality in 1961, the global interest became an opportunity to demonstrate the nation's scientific technological capability and to improve international relations. This lecture will give a personal account of contacts with Kings, Queens, Presidents, natives and citizens of countries on many continents occasioned by the United States' space efforts. The results of East - West (USSR - US) competition and finally cooperation in the arena of space ill be highlighted.

CREATING AND PUBLISHING A MEDICAL SCHOOL HISTORY.

W.Bryant Boutwell, Houston, Texas, USA.

Of the 124 medical schools in the United States, how many really know their institutional history and communicate that sense of past to their current constituents? The purpose of this descriptive study is to provide a practical overview of how to

develop an oral history for a medical school.

"Conversation With a Medical School" is a recently published book, co-authored with Dr. John P. McGovern, representing the first thirty years in the development of The University of TexasHouston Medical School. The presentation will review the 4-year methodology for developing and publishing this book along with constructive insights for those interested in developing working archives and writing conversational histories of their medical institutions.

From concept development and videotaped interviews to distribution and innovative use of book sales to develop student scholarship funds, this talk will cover lessons learned and the importance of capturing history from those who were there. Applying lessons learned from the past to the present and future of healthcare delivery will also be included in this presentation.

C

CONCEPTIONS OF WHOLENESS AND HEALTH IN EARLY AMERICAN PAINTING.

H.Green Campbell, UTMB, Galveston, Texas, U.S.A.

For centuries, the medical profession's fantasy of health and wholeness has contained four basic dimensions: spiritual ease, physical ease, mental ease and social ease. Disease (disease) fundamentally threatens this ideal.

Beginning in the Age of Enlightenment, scientific discoveries, better sanitary measures and increased medical facilities prompted men to imagine that they could exercise some measure of control over disease and death. Specific diseases of mind and body, contracted through intemperate living, were a perpetual threat because they led to premature death. Just as science altered the way man conceived of his life and death it also served as the handmaiden to traditional morality. Wholeness entailed living a life of moderation, eschewing vice and succumbing to death in old age.

This paper will explore artistic conceptions of wholeness and health as expressed in early American painting. An examination of allegorical scenes, portraiture and paintings of still-life will demonstrate how artists grappled with the realms of art, science, and religion in framing their experiences and understanding regarding disease and death. Specific works by Benjamin West, Charles Willson Peale and Rembrandt Peale will serve as the basis for this study.

AIRS, WATERS, PLACES, ACCORDING TO THE CARAKA SAMHITA.

R.C.Chakravorty, Salem, Virginia, U.S.A.

This paper examines the ideas about the environment affecting the health of the people as described in the Caraka Samhita. English translations of the original Sanskrit text are provided.

The Caraka Sambita is one of three main components of Ayurveda, the ancient Hindu system of Medicine. For various reasons, die exact age of its compilation is still debated. The recension studied (that of Dridhabala) probably dates from the first century of the Christian era.

The Caraka names ten specific topics that are the concern of Ayurveda or the Science of Life. One of these - Kala, specifically relates to the influence of age, seasons etc. on the health of individuals and peoples. The effects of the environment on health is discussed in three of the eight sections of the text - the Sutrasthanam, Vimanasthanam and Kalpasthanam. The much larger sections on the effects of foods and drinks (which also vary according to localities) will not be considered in this paper.

The Kalpasthanam. and the Vimanasthanam discuss the various bodily types seen in areas with clearly marked geographical and climatic features. While individual health is affected by the balance of doshas (approximately the equivalent of humors) in the person's system, the Vimanasthanam indicates that external factors can have major catastrophic effects on the entire population. The Sutrasthanam points out the general effects of the seasons on the individuals.

Medical teaching in ancient India took place at the homes of physicians and also in large residential complexes resembling Universities. Then as now, after training, physicians migrated to distant areas to practice. Some were probably peripatetic, Environmental variation was significant in Hindu areas as control of the environment was impossible. I believe that is why Caraka felt that medical students had to be instructed in the geography of disease.

MEDICAL HISTORY, ART AND PHILATELY.

R.C.Chakravorty, Salem, Virginia, U.S.A.

This paper examines the portrayal of medical historical subjects on stamps (and other philatelic material not considered here) and its implications about popular culture of the times. A few illustrative examples of the vast numbers available are shown.

Stamps are ubiquitous. In most countries, they represent the major interest in the history, geography and culture of the people. Stamps also convey these interests to people of other countries. I argue that while an individual artist may be occasionally driven to illustrate contemporary popular medical interest - stamps reflect these concerns more.

In this limited examination, I will divide medical historical stamps in three categories and illustrate each with examples from various countries.

1) Paintings and Sculptures associated with medicine. Few persons have the opportunity of seeing the

original -stamps bring them to the attention of many, Examples shown will be Trumbull's painting of the Declaration of Independence (U.S.A. and other countries) showing three of the five physician signers; Billroth in the Operation Theater (Austria) and the first public demonstration of Anesthesia (India).

2) Portraits of medical personnel, past and present. Examples include Hippocrates on stamps of various countries, Florence Nightingale (various countries), Clara Maass (USA and Cuba.) A subsection of this are people famous for some specific achievement such as the first Women Medical Graduates (various countries) and the Nobel Laureates in Medicine or Physiology (various countries).

3) Stamps that reflect and emphasize global concern of health and disease. Examples include Drug Abuse, Smoking, Cancer and AIDS, and on the positive side, the eradication of smallpox. Many nations (including the U.S.A.) are issuing stamps to celebrate the end of the Millennium. Often the subjects are chosen by popular vote. The stamps in this group particularly illustrate the people's concerns.

This is a discussion of a minuscule portion of the popular representation of medical history and concerns of our times - an area that has been almost completely ignored by medical historians.

PUBLIC SECTOR PSYCHIATRY IN TEXAS.

D.L.Creson, Houston,Texas, U.S.A.

The first psychiatric hospital, a state facility, was opened in Texas on the eve of the "War Between the States." This paper traces the evolution of public sector psychiatry in Texas from this early beginning through the intervening years to its current ubiquitous presence and institutional complexity throughout the state.

Over time the role of public sector psychiatry in Texas has been subjected to a myriad of shifting public expectations and political agendas. During this period it has been a growth industry within the state, an industry that in recent decades with the advent of community services has moved from rural based institutions to complex urban systems for providing very diverse services.

The shifting public expectations and public agendas and the interaction between the public and private institutions for training psychiatrists and the state policy for providing public sector psychiatric care provides some insight into the inability of the public sector to deal with fiscal limitations and achieve a clarity of purpose in its current configuration.

D

MILITARY VETERINARIANS AND FRENCH COLONIAL EXPANSION IN AFRICA.

D.K. Davis, Austin, Texas, USA.

The purpose of this study is to elucidate the multiple roles played by les vétérinaires militaires in nineteenth and early twentieth century Africa and to analyze the importance and impact of their actions on French colonial expansion during this period. The study is based on archival research conducted at several colonial archives and the national veterinary school at Alfort in France.

By the early years of the nineteenth century, France had lost all of its overseas colonies, largely as a result of the Napoleanic wars. Within a few decades, however, and especially with its occupation of Algeria in 1830, France embarked on a vigorous and lengthy campaign of colonial expansion in Africa. Integral to the success of their colonial endeavors were the French military veterinarians (les vétérinaires militaires). These men were present on the front lines of the battles of occupation in all French campaigns in Africa and they remained important to French mechanisms of control throughout the colonial period.

Although fully trained and practicing veterinarians, these men fulfilled a staggering variety of roles and functions for the French colonial regimes. They cared for those injured in battle, both human and animal, they conducted primary research on tropical and subtropical veterinary diseases, they founded and organized veterinary and range management services in the colonial territories, they promoted business ventures, they provided information for the intelligence services of the French government, and they actively aided in the pacification of the indigenous populations. The impact these military veterinarians made is still felt today in many contemporary development programs implemented in former French colonial African countries.

REPRESENTATIONS OF EYEGLASSES ON GOTHIC WINGED ALTARS IN AUSTRIA.

F.Daxecker, Innsbruck, Austria.

The oldest representation of eyeglasses in the German-speaking area is found on the altar of Tyrol Castle in the Museum Ferdinandeum in Innsbruck, Tyrol, on an altarpiece depicting the death of the Virgin Mary (1370-1372). Other representations of eyeglasses are found in Klosterneuburg, Lower Austria, Albrechtsaltar, collegiate collection, death of the

Virgin (1439); St. Lorenzen ob Murau, daughter church St. Lorenzen, Styria, Katharinenaltar, Disputation (1455-1460); Pettau (Ptuj), Pokrajinjski Muzej, Slovenia (then belonging to the archbishopric of Salzburg), Conrad Laib, St. Bernardine of Siena with a spectacle case (1460-1465); on two altars by Micheal Pacher: Pharisee, Gries near Bolzano (1471-1475), apostle mourning over the death of the Virgin Mary, and St. Luke, St. Wolfgang in Salzkammergut (148 1); St. Florian, Upper Austria, collegiate collection, altar of the provost Leonhard Riesenschmid of St. Florian, death of the Virgin (1487); museum of Wilten monastery, Innsbruck, Ludwig Konraiter, St. Ottilie with reading stones and death of the Virgin Mary with reading apostle (1485-1490); Austrian Gallery Belvedere, Vienna, Master of Grossgmain, St. Augustine (1498); Austrian Gallery Belvedere, Vienna, Master of Mondsee, St. Augustine (1490- 1500); Diocesan museum Graz, Styria, altar of Hirschegg, death of Virgin in (1503); Krenstettten, Lower Austria, Stefan-Altar, Disputation (1500-1520); Museum Ferdinandeum Innsbruck, Matheis Stöberl, Jesus and the scribes, scribe with a spectacle case (early 16th century).

BURN CARE AND THE SECOND WORLD WAR.

Ch. Dhennin, Tours, France.

In 1931, all the burnt patients died when the total burnt surface area was above 20% (Riehl, 1905-1930 hospitalizations), and 60% in 1949 (Bull & Fischer, 1942-43 + 1945-47 hospitalizations). The improvement in burn care had not been continuous between the two dates. The Second World War appears as a turning point after centuries of passive and ineffective cares while the ground had been prepared, especially during the two previous decades: In 1923 Underhill had shown the haemoconcentration and the need of fluid replacement, in 1924 Berkow's tables allowed the measurement of the extensiveness of bum lesions after Du Bois & Du Bois works, in 1935 Cruickshank had demonstrated the early contamination with hemolytic streptococci and the presence of the germs in the air of the wards, as examples.

The number of war bum casualties in military and civilian populations induced more active interest of surgeons on both sides of the Atlantic. However one must stress too that knowledge in bum physiopathology and care benefited from a plainly civilian disaster, the fire at the Boston's Cocoanut Grove Nightclub in Boston in 1942. The number of papers on bums including symposiums and even books between 1939 and 1945 -in war times - as well as their quality are quite impressive. At the end of the Second World War, fundamental data had been obtained and their therapeutic consequences in substitutive fluids based on areas of bums, cross infection, antibiotics fields were applied and new basis established (Lund & Browder, Colebrook, Harkins ...). Bum surgery had improved too on technical and material levels and even as regards the approach mind (Mac Indoe, Brown ...). The place of allografts was more precise and the observations of Gibson would be subsequently the basis of immunological and organ transplantation researches and clinical applications.

Yet improvements led to new problems and especially new infectious ones with a subsequent stagnation of vital prognosis. However during the war the most determinant fact had been established, the specificity of bum injuries with its logical consequence, the need for bums centres as remarkably reported by Colebrook four years and a half after the end of the war. Only owing to these structures the later evolution steps have been and will be obtained.

THE ELIMINATION OF DISEASES THROUGH THE SKIN PURIFICATION. A MEETING OF THE IDEAS ABOUT MACROCOSM AND MICROCOSM IN BYZANTIUM.

A.A.Diamandopoulos, P.Goudas and A.H. Diamandopoulou. Patras, Achaia, Greece.

We present in this paper the ideas of the Byzantine authors on the relationship of the human body to the natural and man-made world. Special emphasis is given to the relationship between purification through the skin and world purification.

Based on the similarity of Empedokle's ideas concerning the four elements and Hippocrate's ideas concerning the four humors, the Earth itself was personified and became a living organism that was feeling cold, perspirating, becoming dry etc. Man started to seek a natural explanation for his diseases and alterations of body functions. Hence, perspiration, fever, urination, headache, stroke, were explained in cosmological terms.

Extracts from Aristotle, the Fathers of the Church, Meletius Iatrosophista, Theophilus Protospatharius and other Greek and Byzantine sources are presented, in order to show the close relationship between an abundance of diseases and an array of natural phenomena.

THE NON-SURGICAL TREATMENT OF EYE PROBLEMS ACCORDING TO THE BYZANTINE LITERATURE.

A.H.Diamandopoulou-Drummond and A.A. Diamandopoulos.Patras, Achaia, Greece.

The purpose of this study is to examine the types of non-surgical treatments available for eye diseases and complaints during the Byzantine Era. Since eye disease was prevalent throughout history, many authors concerned themselves with this topic because impairment of vision was a serious disability impeding man's ability to work and survive.

We refer to and compare the treatments (animal, vegetable and mineral) recommended by amongst others, Oribasius, Aetius of Amida, Alexander of Tralles, Paul of Aegina, Nicolaus Myrepsus and Johanes Actuarius. Reference is also made to earlier relevant texts by writers such as Hippocrates, Celsus and Galen and to the echoes of these treatments which still exist in to-day's Greek Folk Medicine.

The contribution of the Byzantine authors, while not being exclusively original, aided the transfer of knowledge of therapies for ophthalmic diseases from the Ancient World to the Islamic World and the Latin West. Many of the simple remedies are still in use in Modern Greece.

FAILURE AT THE BOUNDARY: HOME CARE PHYSICIANS, SPECIALIZATION, AND THE HOSPITALIZATION OF MEDICINE, 1945-1965.

J. L. Dieckmann, Chapel Hill, North Carolina, U.S.A.

The purpose of this study is to explore the development of clinical specialties in medicine through a case study of physicians practicing in the coordinated home care plans of 1945 to 1965. Although the aspirations of home care physicians to establish a medical specialty failed, their efforts provide a means to trace the boundary of acceptable advancement in American medicine at mid-twentieth century.

Archival materials from the Montefiore Home Care Program, Bronx, New York, and the Philadelphia Home Care Plan are central to this historical analysis. Text materials include program files, letters, program reports, and scholarly and newspaper publications. Additional conference reports and published materials from the broader coordinated home care movement are incorporated.

Seeking to reduce hospital costs through early discharge, to increase control over indigent and noncompliant patients, and to reclaim the physician's role in the family home, these physicians sought to build a specialty that would legitimize their role outside the hospital and reform home care services as a hospital department. Their expectations of a groundswell met insurmountable obstacles of increased cost, conflicts between hospital specialists and family physicians for control of the patient, and the growing hospital-based culture of technology that devalued extra-institutional medical practice.

OTTOMAN PEDIATRICS AS REFLECTED IN Dr. VIOLI'S MONTHLY LA PÉDIATRIE EN TURQUIE / TÜRKIYE' DE EMRAZ-I ETFAL.

G. Dinç and S Etker, Istanbul, Turkey.

Medical periodicals of the late 19th and early 20th centuries are rich sources of detailed clinical observations and contain particular information on relative social events. Dr. G.B. Violi published his monthly journal of pediatrics simultaneously in French and Turkish (in arabic characters) in Istanbul from 1909 to 1914. Dr. Violi's personal work focused on prophylactics and hygiene, and he established a private children's hospital in the city and a sanatorium on the island of Heybeli. His practice has influenced the specialization in child health in later Ottoman medicine,

La Pédiatrie en Turquie / Türkiye'de Emraz-i Etfal commenced publication in a new era following the Young Turks' revolution and continued until beginning the First World War. Although, these were difficult years for the Empire engaged in the Balkan wars and the Libyan conflict with Italy, the journal's content was amazingly up-to-date and its international contributors were renowned contemporary pediatricians (Baginsky, Escherich, Bokay, Marfan and others). The journal also provided local medical statistics, a review of the world literature, and basic advice to mothers, highlighting a wide range of readership.

Today, copies of La Pédiatrie en Turquie / Türkiye'de Emraz-i Etfal are very rare, owing to the period of its publication and a single incomplete collection exists. Dr. Violi himself was of Italian extraction, but historically his journal ranks Turkish before English as a language possessing a periodical devoted to pediatrics in Europe.

ORGANIZATION OF MEDICAL ETHICS AND CULTURES : COPY AND PASTE ?

H. Dogan, Istanbul, Turkey.

As a result of rapid and progressive developments in clinical medicine in the 20th century, multidisciplinary approaches became important in linking new needs of medicine with the changing patterns of health care.

Methods and applications of multidisciplinary approaches such as ethics committees, ethics consultation centers in the U.S. were imported by Turkey as well as by other cultures. The purpose of this study is to discuss the problems which might arise when these applications are transferred to different cultures.

Clinical study results about ethical issues in Turkey and in some European countries were collected, reviewed and analyzed.

This study puts forth that, potential problems, that might be created during and after the transportation of original local practices and methods from one culture to another, should be taken into consideration before application.

LES MESURES PREVENTIVES PRISES CONTRE LE CHOLERA AU 19ème SIÈCLE DANS L'EMPIRE OTTOMAN.

R. Dramur, Istanbul, Turquie.

Nous avons examiné différents documents des archives ottomanes sur les mesures préventives prises contre le choléra au 19ème siécle dans l'Empire Ottoman. Les mesures préventives de quarantaine étaient prises au temps du Sultan Mahmud II dans l'empire ottoman. A côté des méthodes préventives,conservatives et hygiéniques, on employait en 1846 des plantes médicinales pour guérir les malades souffrant de cette maladie. Nous avons examiné un document d'archive ottomane sur lequel est inscrit l'existence d' une épidémie de choléra en 1648 à Brousse ; nous apprenons ainsi que la lavandine (L. Stochas) qui est plantée à Uludag est employée contre le choléra et que l'on a utilisé cette drogue pour guérir les malades qui souffraient du choléra, grâc e à cette plante. Le médecin-chef Isak Efendi a donné l' ordre pour que cette plante soit vendue dans toutes les pharmacies de l'Empire Ottoman.

SOME UNKNOWN ASCLEPIONS IN ANCIENT GREECE.

Th. Drizis, Kalamata, Greece.

The purpose of this study is to present the Asclepions which existed in Ancient Greece but which didn't have the glamour of the renowned Asclepions, and which today they are unknown by most of physicians and historians.

The material for this paper was collected from archaeological finds and inscriptions as well as the Ancient Greek Literature. The method used was visits to the archaeological sites on the one hand, and reviews of the relevant literature on the other.

The results of this study are that there were Asclepions in Mytilini, Sparta, Asopos in Laconia, Messina, Avia in Messinia, Amphipolis, Moryllo in Kilkis and Veroia, which had the basic structure of a Asclepions, as, the sanctuary, the "egkoimitirion" (the place where people slept), baths etc. and served the needs of the inhabitants in the surrounding area.

In conclusion besides the renowned Asclepions in Epidavros, Athens, Kos, Knidos etc., there were also other Asclepions but with local importance which today are unknown by most of people yet.

THE TERM " CANCER " WITH CONTEMPORARY MEANING IN ANCIENT LATIN LITERATURE.

Th. Drizis, Kalamata, Greece.

The purpose of this study is to present the use of the term " cancer " with contemporary meaning from various authors in Ancient Latin Literature.

The method used in collecting and analyzing about this, was the " Thesaurus Linguae Graecae und Latinae " in Ibycus Computer System, a work of the 1. Berkowitz and K. Squitier from California - Irvine University, USA.

After analysis of this work is revealed, that the term " cancer ", used with contemporary meaning, is reported in the work " De Agri Cultura " of Marcus

Porcius Cato (234-149 B.C.), in the work "Metamorphoses " of Publius Ovidius Naso (43 B.C.-18 A.D.), in the work " Compositiones " of Scribonius Largus (1st century A.D.), in thework " De Medicina " of Aulus Cornellius Celsus (lst century A.D.), in a work of Greek Philumenus translated in latin (2nd century A.D.) and finally in the work "Apologia " of Apuleius Madaurensis (2nd century A.D.).

In conclusion, as has been indicated, there was use of the term << cancer >> with contemporary meaning in Ancient Latin Literature.

ANATOMIC VOTIVE OFFERINGS IN CROATIA.

Z. Dugac, Zagreb, Croatia.

This work explores the votive gifts that people brought to sacred places, as a gift, in connection with various diseases in the last tree hundred years on the territory of Croatia. The main point explains symbolics of representation of body parts.

The anatomic votives show the ancient customs and habits of the population dating from the preChristian heritage. They also unite the vernacular traditions, Christian religious conception and recent necessity Of Population. Votives stand between anthropology, medicine, history of art and culture.

The field research has explored anatomic votive gifts from Croatia, offerings by people who were ill. It has established localities where this kind of votives were offered, including their expression, quantity and age. Throughout history, certain handicrafts were developed in connection with the making of the votive offerings. They were usually made of wax, wood, silver and gold. Some of them are valuable artistic objects with expressive figuration of human body.

The customs of votive giving are rapidly disappearing, During the field research it was noticed that in the Adriatic area of Croatia people do not use the anatomical votives any more, while in the shrines of the continental Croatia, people still use the anatomic votive gifts. In the past votives were valuable artistic objects, recent votives have lost this quality.

THE IMAGE OF HEALING IN WORKS OF A 16TH CENTURY POET FROM DUBROVNIK.

M.-A. Dürrigl, S.Fatović-Ferenčić,Zagreb, Croatia.

In some of his most original works, the Croatian Renaissance poet Sabo Bobaljević Glusac (1523?-1585) thematizes his deafness. For a while he was the patient of Amatus Lusitanus, one of the most prominent physicians of the 16th century and professor of anatomy at Ferrara university. Bobaljević had contracted syphilis in early adulthood, and Amatus concluded that as a consequence of syphilis the interactive functioning of ear bones was not possible.

Bobaljević, by accepting the nickname Glusac, ie " deaf man " , identified himself by and with his impairment. His loss of hearing ability resulted in loss of (self)confidence, increasing loneliness and a dose of sarcasm. In his poems and poetic epistles healers - both learned physicians and quacks - are depicted with little sympathy and their art of healing ridiculed. Bobaljević himself, with sad irony, writes about a magical cure which would restore his hearing and health.

His poems, presented here, are not only a poignant expression of an individual artist's suffering, but they may also add to the understanding of the situation of deaf persons.

E

CREATING LOCAL MEDICAL HISTORY WITH ELECTRONIC DATA : A TEACHING TOOL FOR EVERYONE.

N.P.Eckerman, Indianapolis, Indiana, U.S.A.

This presentation will discuss various research topics and methods appropriate for a wide variety of age groups for the study of the history of physicians within the students' communities. The emphasis will be on the use of electronic databases containing U.S. census data. Appropriate supplemental materials will also be discussed. The emphasis will be on the use of widely available electronic sources.

Some topics for students and teachers using U.S. Census Data are as follows. A student could compare the ethnic origins of physicians and their patients in a given area then compare those findings to patterns in another community. Patterns of emigration and immigration of physicians from and to various communities could be studied. The census data could be used to study the life styles of physicians relative to members of another profession in a community. Or, a simple search for female or minority physicians could be undertaken.

Most localities in the U.S. do not have printed histories of medicine and physicians in their state or community. Studies beginning with the simple manipulation of census data could be used as the building blocks for scholarly histories of medicine and physicians in many communities or used to include medical practice into local history projects. The encouragement of the careful study of local medical history insures an audience for the efforts of medical historians.

The presentation will include demonstrations of searches for appropriate data.

SPECIALIZATION IN MEDICINE AND RELATIONSHIP BETWEEN PHYSICIAN AND PATIENT IN THE 20th CENTURY.

Ö.Elçioglu,I.Üniüglu, N. Bozdemir Eskisehir, Turkey.

The great advances observed in medicine and technology in the 20th century have led to new professions and specialization in the field of medicine. As a result of the reflection of these developments on the hospital services, both the service units and the personnel have increased quickly in numbers. The personnel which were, divided in so many specializations, have had education in different fields and at different levels with respect to one another.

This difference in the fields of specialization is affecting the relationship between physicians and patients in a negative way nowadays. In such a circumstance, it is unavoidable for breaks in communication, misunderstanding, tension, and conflicts to arise. It will be possible to eliminate these problems with a branch of specialization which provides primary care services continuously at home, in surgery, and sometimes in a clinic or hospital, and the purpose of which is the provision of health-education, early diagnosis and treatment, and home care.

The family medicine, which has started to develop newly in Turkey, has the purpose of providing service of higher quality in the primary care, and is an academic and clinic discipline that gives education in this field, is showing great promise for elimination of these problems.

RESUSCITATION OF LAZARUS ? - CONCEPTS OF SHOCK AND RESUSCITATION THROUGH HISTORY.

G.L.Elgjo, Galveston, Texas, USA.

This study describes how the concept of shock has developed through history, and discusses how the understanding of this clinical syndrome has evolved along with efforts to find successful treatments.

Understanding of shock has developed in stages, and groundbreaking advances were often made during times of war. The term "shock" first appeared in military surgical literature in the 18th century, where it was used to describe the force of a blow causing injury. As physicians gradually realized that apparently unrelated symptoms seen in wounded men were expressions of a common underlying pathophysiology, the term increasingly came to be used to describe the underlying process.

From bloodletting "to decrease the reactive plethora" as the treatment of choice, therapy has evolved into its diametrical opposite over the past 200 years. Although at first glance apparently unrelated, pioneering attempts to use intravenous fluids in cholera marked a major milestone in shock therapy. However, not until years later was it realized that cholera had important clinical features in common with severe burns, crush injuries, and hemorrhage, and still more years passed before infusion therapy became clinically practicable.

The interplay between the understanding of shock and its treatment is intriguing, in that sometimes new pathophysiological insight has led to new therapies, whereas at other times novel therapies have preceded medical comprehension. Today, shock is an umbrella term signifying a related group of clinical syndromes following severe injury from various causes, all rendering the patient dependent on life-supporting measures. Old and new definitions of shock are explored, and findings that may point to future therapies are discussed.

EDUCATION OF MEDICAL HISTORY IN TURKEY AND SOME SAMPLES.

A.Demirhan Erdemir, Ö.Öncel, Bursa, Turkey.

The purpose of this study is to determine the development of education of medical history in Turkey and to point out the education of the medical history in two Turkish medical faculties. So, the education of medical history in these faculties is different from each other.

The lectures of medical history are found in the programmes of education of basic sciences of the medical faculties in Turkey, today. in these faculties, lectures of medical history are 30 hours in a year. For example, these lectures are given as 30 hours both in Uludag University, Medical Faculty and in Istanbul. Medical Faculty. Put, Uludag Medical Faculty has applied integrity system since 1998. So, the lectures of medical history will he given according to this system in the third class in 2001.

In this paper, the subjects of lectures of medical history of these two medical faculties are stressed in the form of tables and some scientific results are obtained.

CONSTANTINOPLE WOMAN'S COLLEGE MEDICAL DEPARTMENT : A BRIEF HISTORY.

S.Etker and G. Dinç, Istanbul, Turkey.

The Constantinople Woman's College (CWC) was founded by Woman's Board of Missions in 1871. The school flourished under Dr. Mary Mills Patrick, PhD LLD Litt D who was appointed principal 1883. Dr. Patrick's ambition was to start a medical school in Istanbul where Ottoma n women were not allowed to practice medicine. The medical department was finally inaugurated in the Arnavutk^y campus of the college in 1920 after the armistice giving political control of the capital to the allies following World War 1. A nationalist congress convened in Ankara the same year.

The school had adopted the curriculum of the Columbia University College of Physicians and Surgeons, and enrolled 19 girls from different nationalities. Two Turkish girls, Hamdiye (Maral) and Sabiha (Sayin) entered the school in its second year in 1921 to become the first students of medicine to be educated in the country. In 1922 the Istanbul University Medical Faculty after prolonged debates and under the pressure of the Ankara government, which had achieved sovereignty in Anatolia, accepted girls as students, including those attending the CWC.

The CWC had completed construction of a separate hall for its Medical Department in 1923, but had run into financial difficulties by then. The proclamation of the Turkish Republic in the October of the same year affected the legal status of the college. The CWC Medical Department closed in March 1924. Four students in their fourth year, three Bulgarians and one Greek, were sent Geneva where they completed their medical training.

F

UN ANTECEDENTE DE ECONOMIA DE LA SALUD, 1904.

G.Fajardo, México, D. F.

La intención de este estudio es presentar un trabajo pionero en Economía de la Salud, llevado a cabo en México en 1904.

La Economía de la Salud es una disciplina relativamente nueva. En Mexico en el puerto de Manzanillo, Colima, en la costa de « Océano Pacífico en 1904 se encuentran antecedentes de la relacion medicina-economía, en ese ano el Dr. J.F. Romero hizo un trabajo escrito que en la actualidad podria calificarse de costo-beneficio (formulación económica que se elabora para tomar mejores decisiones, en cuanto a la óptima utilización de los recursos de cara'cter pu'blico), presentó esquemàticamente, una acción rentable : el beneficio económico del uso de la quinina en la prevención del paludismo o malaria en cuanto a hospitalizaciones ahorradas, medicamentos no consumidos, servicios medicos no utilizados e inhumaciones evitadas.

El estudio al parecer no trascendió, nonobstante de ser un llamado a médicos y a las autoridades pu'blicas y sanitarias para evitar gastos y danos a la salud.

ORIGEN Y EVOLUCION DEL CENTRO INTERAMERICANO DE ESTUDIOS DE SEGURIDAD SOCIAL (CIESS).

G.Fajardo, México, D.F.

El propósito de este trabajo es exponer los antecedentes, evolución y situación actual del CIESS, organismo internacional de docencia, capacitación e investigación de la Conferencia Interamericana de Seguridad Social, instancia que contribuye al desarrollo de la seguridad social en los pai ses de America, agrupa a 72 instituciones de 37 países americanos.

En 1963, se fundó en la Ciudad de Mèxico el CIESS a solicitud de varios países, sus a'reas de estudio son actuaría y planeación financiera, administración, jurídico social, informàtica, medicina social, salud en el trabajo, econom'a de la salud e investigación.

En el aspecto de docencia e investigación en salud en el CIESS desde su creación se han impartido diferentes tipos de cursos y se han hecho varias investigaciones y publicaciones relacionadas con medicina social : administración de servicios médicos, gerencia de servicios de salud, enfermería, economía de la salud, prevención de riesgos en el trabajo, etc. Los

eventos académicos han sido de diferente naturaleza : cursos, seminarios, talleres, diplomados y maestrías; se han realizado con la cooperación de universidades mexicanas y de otros países, del Instituto Mexicano del Seguro Social y de organismos internacionales como la OPS/OMS, OIT, OEA, etc.

Muchas de las personas que han pasado por las aulas del CIESS han desempeoado importantes funciones no solo en las instituciones de seguridad social y salud, sino también en los sectores pu'blico, privado y universitario.

A NARRATOLOGICAL ANALYSIS OF HEALERS IN NINETEENTH-CENTURY AMERICAN POPULAR LITERATURE.

E. Fife, New Paltz, New York, U.S.A.

The purpose of this presentation is to analyze selected representations of healers, including physicians and herbalists, from popular American prose fiction of the nineteenth century. The protagonists of Nathaniel Hawthorne's short stories "The Birth-Mark" and "Rappaccinís Daughter" and Sarah Orne Jewett's novels A Country Doctor and The Country of the Pointed Fir will be analyzed following Mieke Bal's theory of narratology.

Both writers create very human healers, with strengths and weaknesses, individuals who must confront the validity, or lack thereof, of their paradigms. Existing paradigms must be modified or new ones constructed to accommodate the healer's and patient's experiences and beliefs. Failure to do so results in the patient's death. Furthermore, paradigms must include both objectivity and empathy in order for the healer to heal, and not kill.

Hawthorne's healers are medical scientists who become trapped by their medical dogma, unable to predict or prevent the unfolding tragedy. Each possesses the paradigm that changing the fundamental nature of human beings is both possible and desirable, a paradigm motivated by false security in his own objectivity despite uncontrolled emotions. Jewett's healers are more successful in their treatments of patients because their paradigms are organic, changing to include both empathy and objectivity.

G

WHY THE AUTHOR OF IN FLANDERS FIELDS DECLINED A CHAIR AT GALVESTON.

D. Gardner-Medwin, Newcastle-upon-Tyne, England.

The family letters of John Mc Crae (1872-1918), written between 1899, when he left his Fellowship in Pathology at McGill to go as an artillery subaltern to the Boer War, and 1917, just before his death in a Canadian Military Hospital during the Great War, largely remain in the possession of his family. He also wrote diaries of his artillery service in those wars and of an adventurous canoe trip with Earl Grey, the Governor General of Canada, from Winnipeg to Hudson Bay in 1910.

The letters and diaries, together amounting to more than 350,000 words, have been transcribed and edited. They form the basis of this paper. Between the wars, they gave a detailed chronicle of Mc Crae's medical and social life in Montreal and his constant driving work load, ambitions, frustrations and diversions. Reading and writing, and occasional voyages to Europe provided his main diversions; his poems and choice of reading clearly indicate his aspirations and enthusiasms, and it was while he was en route to Europe that the Great War was declared and in London that he made the fateful decision to enlist with the Canadian Field Artillery.

In June 1905, he was invited to apply for the Chair of Medicine at Galveston, Dr George Adami acting as intermediary, probably at the instigation of Dr William Osler, « salary 3,000 and no consultant in the County ». His letters home at the time, and the wider picture his letters paint of his affections, loyalties and ambitions help to explain his decision to decline. McCrae was an adventurer, a passionate imperialist (like many of his contemporaries) and at heart an artillery man. Only secondarily was he a clever and dutiful physician, pathologist and teacher of medicine.

HALLAZGO DE NUEVAS EDICIONES DE BIBLIAS Y DE DOS OBRAS GRAMATICALES "PERDIDAS" DE MIGUEL SERVET .

F.González Echeverriá, T. Ancián Chandiá, Tudela (Navarra), Espana.

Del genial y polígrafo Miguel Servet se conocian tres Biblias, dos en 1542, en folio y en octavo respectivamente, y otra en siete volu'menes, de 1545, las cuales nunca fueron reeditadas y no existían otras variantes del exegéta Servet que las tres citadas.

Desde nuestras aportaciones se deben de admitir que Servet, fue editado en la ediciÛn conocida de la Biblia sacra ex postremis doctorum..., es decir, la de octavo, hasta 10 reediciones màs, no descritas hasta ahora, e incluso en 1542 (por los impresores Giunta, Porta y Boulle), e incluso después de su muerte, hasta el ano de 1563 con los impresores, entre otros, de Boulle, Paganus, Millis y Rovilio. También se debe de anadir una edición mas de la de 7 volu'menes impresa en 1588 en Venecia, aportada por nosotros por primera vez a la conocida lyonesa de 1545.

Además se anaden dos -al menos por ahora - , obras « perdidas » de Servet, realizadas con el impresor Frellon, en 1551, en Lyon. Se sabía que había realizado traducciones de obras gramaticales del latín al espanol, por contrato con Frellon calificàndose de "perdidas". Aportamos « Los Dísticos de Catón » (Disticha de moribus nomine Catonis ...) en Lyon y el « Commentarius puerorum de Latinae Lingua Elegantia et Varietate... » impresa en Lyon y Lovaina, por el genial Servet. y,

como a Erasmo o Cordier, anadírsele su labor humanística de ensenanza gramatical.

EL MEDICO MIGUEL SERVET ERA DESCENDIENTE DE JUDIOS.

F.González Echeverriá, T. Ancín Chandía, Tudela (Navarra), Espana.

Desde su muerte en Ginebra quemado vivo, el médico Miguel Servet (1551 ? - 1553) a instancias de Calvino, numerosos investigadores han opinado sobre su ascendencia pero sin no habián podido afirmar o negar su ascendencia judía por falta de pruebas.

Nosotros por primera vez, y por protocolos notariales de su tía Beatriz demostramos que Miguel Servet, cuyo verdadero nombre era Miguel Serveto Conesa Meler Zaporta, alias Revés, es descendiente por línea materna de una importante familia judía, los Zaporta. Su madre Catalina Conesa Zaporta, era hija de Beatriz Zaporta, abuela de Servet, judía y hermana de Gabriel Zaporta, importante judeoconverso y banquero de Carlos V. A partir de ahora se puede entender mucho mejor « La restitución del Cristianismo » , impresa en 1553, obra que le supuso la doble quema de Servet (en efigie por los católicos y real por los protestantes), pues a la primera impresión de la circulación menor, además, del Corpus Hermeticum o el Corán entre otros, se entiende mejor como pudo citar obras de rabinos que no estaban impresas, así como su sabiduría hebraística que le permitía rebatir en sus obras teológicas a Lutero, Calvino o Melanchton, entre otros, por su dominio del hebreo de su. ascendencia judía demostrada por nosotros documentalmente por primera vez.

Servet quiso buscar la unión entre judíos, católicos y reformados, para restituir el cristianismo a su pureza de los primeros siglos.

ALGUNAS PROPUESTAS PARA LA ENSENANZA DE LA HISTORIA DE LA MEDICINA.

M.González-Guerra, Caracas, Venezuela.

El propósito del presente trabajo es presentar algunas propuestas que permitirían lograr que los estudiantes de medicina desarrollen mayor interés por el estudio de la historia de su profesión. Se toma como punto de partida la afirmacion, muy generalizada, de que ellos muestran poco interés hacia el estudio de la historia de su profesión, fuertemente presionados por el deseo de mantenerse al día con la avasallante tecnologia que pareciera dar poco espacio para la formación humanística.

Se hacen algunas reflexiones acerca de la función de la historia de la medicina en la formación médica, enmarcándola dentro de uno de los tres grandes componentes de la formación médica integral, concluyendo en la necesidad de redefinir jerarquizadamente los objetivos de la historia de la medicina en tres niveles progresivos y considerar ciertos aspectos metodológicos de caracter practico que harian mas viable el logro de estos objetivos y el cumplimiento de aquella función.

Finalmente, se plantea la conveniencia de considerar la integració funciona de las Cátedras de Historia de la Medicina con los Archivos Históricos y Museos de las Facultades de Medicina para el desarrollo de un ágil programa de Historia de la Medicina, lo cual tendría su manifestación estructural en la creación de un Instituto Centro de Estudios Historicos y Humanisticos como formidable recurso de apoyo a ese efecto.

A STUDY OF TEACHING MATERIALS AVAILABLE FOR THE DEVELOPMENT OF A MEDICAL HUMANITIES PROGRAM FOR SECOND YEAR MEDICAL STUDENTS ENTITLED « AFRICAN-AMERICANS AND MEDICINE ».

R.Gordon, S.Heard, M.McLeod and E.Nebblett, Kalamazoo, Michigan, USA.

The purpose of this study was to investigate and try out various bibliographic sources available for a newly developed seminar on the history of medicine. This is a course dealing with the interaction of African-Americans with health care systems in the antebelum era during slavery up through the current period. Because the amount of time allotted to this course was only two hours per week for four weeks it was necessary to locate very succinct writings that made specific points and stimulated discussion of the subject matter. The broad categories encompassed include biological and medical theories used to help justify slavery, health problems of the slaves, medical problems of black soldiers in the American Civil War, the development of medical and nursing education programs for African-Americans, the black hospital movement, the Tuskegee Syphilis Study aid the theory that HIV virus was invented for the annihilation of the black race. The findings were that certain materials were well suited and continue to be used while others were discarded. Three years of experience will be presented and specific titles reviewed.

MISSED INTENTIONS - A REINTERPRETATION OF VESALIUS' GOALS FOR THE FABRICA.

S.R.Gregory, Galveston, Texas, U.S.A.

Modern literary criticism contends that an author's intentions are far less significant than the impact of an important text on society. This, however, does not justify the substitution of a historical text's impact over the author's original intent to the extent that the latter is forgotten.

Accomplished Vesalian scholars such as Roth, Singer, and Cushing have contributed much to our understanding of Vesalius' landmark text, De Humanis Corporis Fabrica by careful analysis of the text itself and of the era in which it was written. What is scarcely, if ever, stressed is that the author's expressed intentions were not at all in accordance with the outcomes of Fabrica's release that are now widely held. If Vesalius can be believed for his own words, he never intended to create or define the study of anatomy as a separate and distinct discipline nor did he intend advance a new way of scientific methodology for medical study and practice.

I will demonstrate that Vesalius' intentions were quite the opposite of the historically purported outcomes of his Fabrica through a careful interpretation of his dedication of the text to Charles V. Rather than scrutinizing the original (Latin) text, I will rely on a modem translation and other secondary sources to characterize Vesalius' words in the context of the academic environment surrounding him.

CHAUNCEY D.LEAKE 1896-1978, PHARMACOLOGIST, HISTORIAN AND FRIEND.

F.Guerra, Madrid, Spain.

Chauncey D.Leake was born at Elizabeth N.J., studied at Princeton and received his PhD at the University of Wisconsin. His first teaching appointment was at the University of California, San Francisco in 1928, where he established the Department of Pharmacology and remained there until 1942. That year he became Vice-President of the University of Texas at Galveston and was professor of Pharmacology until 1956. He then went to Ohio State University as an assistant dean and professor of Pharmacology until 1962, when he returned to San Francisco UCSF to direct a program on research and training of medical students. He was the president of the American Association for the Advancement of Science, American Society for Pharmacology and Experimental Therapeutics, American Association for the History of Medicine and others. He was a warm and inspiring friend who influenced deeply my life. Since 1945, when I met him first at Mexico City, where I was the professor of Pharmacology, we exchanged weekly correspondence, some times in long hand, for over thirty years.

STATUS, SPACE AND SAFETY : ASPECTS OF SPECIALIST DEVELOPMENT IN BRITISH RADIOLOGY.

J.M.Guy,Lavenham, Suffolk, UK.

This paper examines the factors promoting and retarding the development of radiology as a clinical specialty in Britain up to 1930. There are points of contrast with the situation in the USA.

Articles in medical journals and the unpublished records of hospital committees reveal the considerable problems of those wishing to practice radiology in a hospital setting. Private radiology is less well documented but faced similar difficulties, financial, technical and interprofessional.

Voluntary hospital management was slow to accept radiologists on the regulatory board. Fellow doctors were reluctant to accept specialists of any kind. Rather than being given status as "honorary" physicians or surgeons, the radiologists were paid a meager salary for their services. Accommodation was generally in cramped, dark basements, equipment grudgingly supplied, electrical power unreliable, radiation protection inadequate. Radiologists themselves claimed that their knowledge of the nature and dangers of radiation gave them the qualification for specialist status. Though aware of its dangers they were not for the first several years able to measure the radiation to which they, the patients and their assistants were exposed, and failed to prevent damage.

H

RELATIONSHIPS BETWEEN THE UNITED STATES AND LEBANON.

Farid S Haddad. Paradise Valley, Arizona, USA.

After the massacres of 1860 in Syria and in Lebanon, a few American Missionaries felt the urge to enlarge their educational work, and to found, in 1866, an institution of higher learning in Beirut which they named the Syrian Protestant College (SPC); this name was changed, in 1922, to "American University of Beirut", an Institution built on American educational principles.

At first, and until 1882, the language of instruction was Arabic. The American Professors learned Arabic, wrote textbooks in Arabic, and had them published by the American Press in Beirut. In 1882, it was decided to change the language of instruction from Arabic to English which continued to be used up to the present time.

In 1867, the College started a Department of Medicine which later became known as the School of Medicine. Schools of Dentistry, Pharmacy, Nursing, and Public Health were subsequently added. The AUB and particularly its Medical School had a very preponderant influence on Medicine in Lebanon, as well as the whole Middle Eastern Countries. Out of a total of 2684 medical graduates, from 1871 to 1986 inclusive, only 58.5 % came from Lebanon.

As an unexpected bonus, medical graduates emigrated to the United States where several of them occupied important positions in the various prominent American medical institutions such as Harvard, Johns Hopkins, the Mayo Clinic etc. Through them the United States was amply repaid for its generous efforts.

PNEUMATOLOGY, GREEKS AND LEONARDO DA VINCI: MODERN TREATMENT OF ERECTILE DEFICIENCY.

R. Hilloowala. Morgantown, West Virginia, U.S.A.

This study correlates the modern treatment modalities, implant and chemical (Viagra), for erectile deficiency with the concepts and principles promulgated in early Greek medicine by Alcmaeon (c.530 B.C.), Hippocrates (c.460-370 B.C.), Herophilus (c. 300 B.C.) , Erasistratus (c.290 B.C.) and Galen (130-200). Leonardo da Vinci (1452-1519), little more than a century after the Greeks, illustrated, though anatomically and functionally incorrect, the mechanism underlying the

tumescence of the penis as understood by the Greek school. Unknowingly, Leonardo also demonstrated the principles underlying the modern treatment of erectile deficiency. The Greek cephalocentrics held the belief that the brain is the seat of motor and. sensory function. Pneuma, as defined in Greek philosophy and physiology, is the soul, the spirit, and the breath of life. The psychic pneuma, transformed in the ventricles of the brain from the vital pneuma then travels through the spinal-cord and the nerves to activate muscles and organs. Leonardo illustrated the Greek ideas showing therefore two passages in the penis, one for urine, the other for the pneuma that is responsible for inducing erection. The conceptual principles underlying the idea of pneuma is similar to the function of the implant, or chemical intervention. In the first case, fluid is pumped into the penile prosthesis. In the second, the drug stimulates the parasympathetic system increasing the blood flow to the organ. In both cases, infusion of fluid (pneuma) results in an increase in the size of the organ.

COMPARISON OF HEALTH CARE SYSTEMS BETWEEN JAPAN AND U.S.A.

T. Hirose. Shumei University, Tokyo, Japan.

Japan has universal health insurance so everybody enjoy comprehensive health-care at anytime, anywhere.

U.S.A. have a governmental and private insurances which is dominated by managed-care, and also has many uninsured.

Although, the priverated enjoy the best medical care. The participants of Medicare and Managed-care are exposed to restrictive medicine.

Medicaid's enrollee and uninsured may receive a rationed medicine.

THE HISTORY OF THE ISHM'S CONGRESSES DURING THE PAST 25 YEARS /EMPHASIS ON THE PARTICIPANTS OF THE AMERICAN CONTINENT/ - WITH A LOT OF DIAPOSITIVES.

J.Honti, Budapest, Hungary.

The topic is a large one. The author summaried this theme in Moscow March 1998 / national congress, emphasis was on the participants of the Eastern Block countries / and in Tunis - Carthage in September 1998 36th International Congress / and continues it now.

In Galveston's Congress, the emphasis is on the participants of the American continent. He discusses the topics of the congresses and the most interesting lectures. There are a lot of diapositive illustrations.

DISABLED EX-SERVICEMEN IN EARLY MODERN ENGLAND.

G.L.Hudson, London, UK.

The English men who survived the havoc wrought on their bodies needed and demanded relief Mutilation and illness brought poverty. In this paper I examine the relief of chronically disabled ex-servicemen from two perspectives: how the disabled worked systems of relief, and the ways in which the state attempted to regulate the bodies of the men. From these perspectives our understanding of the social relations of the period is altered significantly, and the image of unimpeachable progress presented by historians is suspect.

In this investigation, I use sources for the Elizabethan county pension scheme for ex-servicemen (1593-1679), and rich records from the army and navy hospitals of Chelsea and Greenwich respectively (created in the late seventeenth century). The materials used include petitions from the men themselves, as well as detailed accounts of the ongoing discipline exercised within the county and hospital systems. Such records illuminate the increasing regulation of the men within the county pension scheme, and the underlying reasons why these specialised hospitals were created and maintained--how they exercised social regulation and control. They also reveal how the ex-servicemen actively worked the systems for their own benefit, demonstrating a keen sense of entitlement. Within this analysis

I consider also the effects of war on the body-- quantifying the physical damage--and contemporary attitudes to disability.

I explore both life-cycle poverty and its import for notions of pensionable disability, and how the men's bodies were experienced by themselves in the light of Immoral medical theory.

Progress was indeed made by the state, but towards increased control and discipline of the men rather than necessarily towards improved relief. This change was not simply imposed however. Instead of subordination a process of negotiation developed between those impoverished by war and the governing elites in early modem England. A process in which the disabled, although the lesser party, nonetheless played their hand with a fair bit of skill, energy and, indeed, some success.

DR. ESAD FEYZI,A PIONEER OF MILITARY RADIOLOGICAL SURGERY.

Yesim Isil ILMAN. Istanbul Turkey.

The invention of X-rays by W.C. Roentgen was a very important step for the development of science. The penetration of these rays into solid matters and the reflection of their shadow oil a screen was a revolutionary technique for scientists, all around the world. On tile other hand, this technique vas immediately applied for medical anus.

Tile start of radiology in Turkey owes a great deal to the scientific curiosity of a physician, Dr. Esad Feyzi who installed the first Roentgen apparatus and took the first radiographics at the Faculty of Medicine in Istanbul, in 1996, just a few months after Roentgen's discovery. Dr. Esad Feyzi (1974-1902) was also one of the pioneers who took advantage of X-rays for medical diagnosis, having established the Roentgen apparatus at the Yildiz Military Hospital, in Istanbul. He and his colleague, Dr. Rifat Osman, succeeded in imaging, by X-rays, the bullets and shrapnels embedded into the body of the soldiers wounded during the Turkish-Greek war in Thessaly, in 1897. In this way, they were able to facilitate the surgical operations much more than ever. This is one of the earliest examples to the X-ray technique application in military surgery. The physicians and authorities of the German Red Cross delegation, who visited the Yildiz Hospital, witnessed this quite early use of Roentgen rays for war-surgery and expressed their admiration. In this paper, this historic event will be evaluated primarily basing on the passages of Dr. Esad Feyzi's life-story.

HISTORY OF MEDICAL EDUCATION IN NIGERIA.

T.F.Ipaye, and O. A. Sofola, College of Medicine, Lagos, Nigeria.

This presentation has made an attempt at tracing the development and growth of formal Medical Training at the tertiary level in Nigeria, the most populous black African country with an estimated total population of about 96 million people.

This paper tried to trace the development of formal training in Medical Education leading to the establishment of university based medical training. with the College of Medicine of the University of Lagos as the focal. point of this study.

Information was gathered from earlier write-ups in newspaper, journals, prospectives and government policy papers. The growth of medical education which started in Nigeria. in the 1920's eventually culminated in the establishment of Universities in the 1960's. From 1962 to date, the country has witnessed a remarkable growth in the number of Colleges of Medicine and this is reflected in the number of qualified manpower being produced. This has to a considerable extent greatly improved the doctor/patient ratio in Nigeria.

It is hoped that the next millennium will witness a significant reduction of healthcare personnel per patient ratio to an acceptable level in the most populous black nation in Africa.

J

ULTRASOUND IN CARDIOLOGY : HISTORICAL ASPECTS.

B.W. Johansson. Malmö, Sweden.

Cooperation between I. Edler and H. Hertz resulted in the first echocardiogram in May 1953 in a patient with mitral stenosis at the University of Lund, Sweden, using Firestone's ultrasound reflectoscope. As funding authorities were negative, W. Gellinek, medical research director of Siemens, Erlangen, Germany, provided an "Ultraschallimpulsgerät" and with this device the first ultrasound cardiograms were recorded on October 29th, 1953. Gellinek stimulated German doctors to learn the technique at Lund. At the end of the 1950s, interest in this technique arised in Japan but the progress was greater in China, and, in 1961, the Shanghai Medical Ultrasonics Group published its first book on ultrasound as a diagnostic tool. Funding authorities were reluctant also in the USA and, in 1968, H.Feigenbaum invited I.Edler among others to give a lecture at a course, in Indianapolis. Already, during the 1950s, Hertz and Edler discussed two dimensional echocardiography. The first 2-D tomographic ultrasound pictures of the human heart were shown by Hertz and Aberg at the 5th International Conference on Medical Electronics in Liège, Belgium. The technique was improved by Hertz and Lindström. Edler and Hertz were awarded the American Lasker Prize.

GODS, QUACKS, HEROES, AND HOLOGRAMS: CHANGING IMAGES OF HEALERS IN WESTERN LITERATURE AND POPULAR CULTURE.

A.H.Jones, UTMB, Galveston, Texas, USA.

This presentation will offer a brief historical overview of major changes in images of healers in Western literature and popular culture, from the gods of ancient Greece to the quacks of Chaucer's and MoliËre's times, and from the heroic images of the early 20th century to holographic representations at century's end.

K

LA ENSENANZA DE LA HISTORIA DE LA MEDICINA EN LA ARGENTINA

A. G. Kohn-Loncarica. Norma Isabel Sànchez.

La ensenanza de la Historia de la Medicina (HM) se inició en la Argentina en 1853 en el caràcter de asignatura de pregrado, dictada en uniÛn con Patología y Medicina Legal. En 1880 fue suprimida de los planes de estudio, para reaparecer màs de medio siglo después, pero con el nivel de materia de posgrado. En 1929 se creó en la Facultad de Medicina de Rosario como càtedra independiente y en 1936 en la de Buenos Aires. En esta u'ltima se dicta, en la actualidad, HM para la

« carrera docente », es decir para aquellos profesionales que aspiran a ser profesores de la Facultad de Medicina. Desde fines de la década de 1980 la ensenanza de la HM se vincula cada vez màs con el ascendente movimiento de las llamadas "Humanidades Médicas" (en particular relacionada con la Bioética).

HEALING ART IN ANCIENT GREEK TRAGEDY.

T.D.Kontopoulou,S.G.Marketos,International Hippocratic Foundation of Kos, Greece.

The purpose of this paper is to point out and to explore the elements of healing art in the tragic texts, one of the most important literary sorts in the classical period of ancient Greece.

The tragedies of the three eminent representatives - Aeschylus, Sophocles and Euripides - were studied and analyzed to a large extent. The related literature was also utilized. Gods hold an important position in the healing art of human diseases. Mortals though often appear as healers. Pharmaceutical treatment is followed in many cases. There are, however, several mentions of operative treatment. The way of life of the patient, the diet, the psychological state, the position in his family and the social environment and his relation to the attendant doctor are supposed to be considerable factors that not only influence, but determine the therapeutic issue of the disease as well. The great significance of prevention - primary and secondary - is emphatically underlined.

In conclusion, ancient greek tragedy, a ripe fruit of ancient greek spirit, forms an inexhaustible knowledge spring of the healing art in classical greek antiquity.

THE DRIVE TOWARD MORE MODERATE THERAPIES IN BRITISH MEDICINE, 1750-1800.

P.Kopperman, Corvallis, Oregon, U.S.A.

This paper will focus on a shift in British medical practice that occurred during the latter half of the eighteenth century. The aim of those who advocated this development was to make therapy at once less debilitating and less painful for the patient, and more effective, as well.

The period 1680-1750 saw a considerable turnover in the group of drugs that were widely used in British professional medicine. During the subsequent half-century, the aim in drug therapy, and in the use of particular drugs, was refined, as progressively more medical authorities came to look to nature to cure disease, and saw drugs mainly as agents that might influence the patient's system in such a way as to facilitate a cure. Associated with this revision in the essential aim of drug therapy was a movement away from reliance on treatments that focused on physical expulsion or on removal of fluids. Medical writers regularly cautioned that bloodletting was being used too generally and advised that emetics, cathartics, and sialogogues be prescribed with greater caution than was common in practice. Patients, too, often favored milder therapies.

The demand for moderation in treatment was not universal. Nevertheless, the impetus was great enough to promote a decided shift in professional therapy.

PICTURING BLOODLETTING: A UNIQUE MEDIEVAL HEBREW LASSMANN.

S. Kottek, Jerusalem, Israel.

One of the masterpieces featured in the Catalogue of Medieval Manuscripts of the BibliothËque Nationale in Paris is the Hebrew Lassmann, i.e., a representation of a nude, male, circumcized body where the places where phlebotomy may be performed are indicated. The names of the veins, and the ailments for which bloodletting should be carried out at that specific place, are marked in Hebrew.

This Lassmann is also a Homo Zodiacus, the signs of the Zodiac being handsomely portrayed at the side of the organs on which they are known to preside.

The manuscript (360 folios) contains a number of medical texts in Hebrew, taken from the works of Serapion, Gentilis, Juhannah ibn Massawayh and Ibn Sina.

The picture, of fine artistic quality, appears at the end of the manuscript, full-page, without any related text, There is on the next page a smaller picture, featuring the tunics of the eye.

This Hebrew Lassmann is generally considered to be a unique drawing of this kind, but we have found another one, of rather low artistic quality, at the Cambridge Library.

THE SURGEON AS DEPICTED TN TALMUDIC LITERATURE.

S. Kottek, Jerusalem, Israel.

Although there is in the Talmud no clear-cut terminological differentiation between physician and surgeon, the latter was usually called umman, i.e., artisan - a manual worker. The social status of the surgeon was apparently rather low, significantly lower than that of a physician (rofe). On the other hand, he was closer to the plain population, and was therefore often consulted on medical, or halakhic-medical questions. Physicians and Rabbis stood one step higher in the hierarchy of those who could be consulted.

While commenting on a rather disparaging maxim on healers: ì The best of physicians to Gehenna!î, the Talmud focuses on

the bad reputation of bloodletters. On the other hand, one individual surgeon, named Abba, is singled out by Talmudic Sages as an example of a devoted and disinterested professional.

Such diverging statements exemplify once again how the Talmud describes Jewish society at large, as it looked like in the late classical and early Byzantine periods.

COMMENTS OF SABUNCUOGLU ON ABDOMINAL INJURY.

Namik Kemal Kurt, Istanbul, Turkey.

The transfer of surgical information from the antique period to Islamic surgery, primarily that of Zahrawís, who was influential on a large geographical area, can be traced to one of the most eminent surgical writings, the illustrated surgical manuscript of Sabuncuoglu, a 15 th century Turkish surgeon.

Sharp injuries of the abdominal wall was described by Sabuncuoglu as slight, moderate or heavy, as in Zahrawi's text. In slight injuries, the intestine protrudes through the injury and swell s in a short time and must be pushed in urgently. In case of delay, there are two methods to be tried. One is to reduce it by dressing with warm water using a sponge or cloth. The second method is widening the wound. When the wound is large and in the upper abdomen, the patient's head should be placed higher; but if in the lower abdomen, the patient should have his legs higher than his head, so that the internal organs will not be effected by gravity. Various types of sutures are described; and needles, fine, medium and thick; and different threads, such as double and twisted are mentioned.

A comparative study of Sabuncuoglu's and Zahrawi's works prove that, like Zahrawi, Sabuncuoglu too, put forth new ideas and introduced modifications in surgical treatments, as well as bringing forth his case studies as proof of alternative treatment and different prognosis. This text is a very good example of the transfer of medical information from one civilization and period to another, with the addition of new knowledge.

L

PORCEILAN TEETH: A BADKNOWN CHEMIST INVENTION DEVISED AT SAINT- GERMAIN-EN-LAYE HOSPITAL.

R. Slioberg, A. Lelloucb, St-Germain-en-Laye, Yvelines, France.

The aim of this study is to do better know a significant invention devised by a chemist working at Saint-Germain-en-Laye hospital. The village is situated at 27 kin from Paris, in the western area. The present hospital, built in 1881, has been preceded by the edification, in 1640, of << Hôtel-Dieu de la Charité ” .

In 1776, Alexis Duchateau devised porcelain teeth which us efully took the place of ivory teeth and other animals teeth... With the help of Dubois de Chamant, dental surgeon, Duchateau took an individual moulding of the teeth. In 1786, he read successfully his paper to the Royal Academy of Surgery...

However Duchateau's invention was significant, the chemist was supplanted by the dental surgeon (<< Dissertations sur les avantages des dents et rateliers artificiels, incorruptibles et sans odeur>>, Paris, 1788) who took out, before him, a patent, in 1791. The last becomes rich ; the first had, at least, the pleasure to use for himself beautiful porceilan teeth introduced into a mouth without bad breath...

ETUDES MEDICALES ET SPECIALISATION DANS LA PRESSE PROFESSIONNELLE : 50 ans D'ANALYSE (1895-1944) DU CONCOURS MEDICAL.

A. Lellouch, Saint-Germain-en-Laye, France.

Le Concours Médical contribue àla formation continue des Généralistes. A l'occasion de son centenaire (1979), le journal a réédité une série les textes concernant la médecine, l'enseignement médical (dont celui des spécialités et les médicaments). Notre analyse a porté sur la période 1895-1944 àpropos des études médicales.

Hormis l'organisation de la spécialité d'électroradiologie, les thèmes principalement retrouvés sont les suivants : hantise de la “ pléthore médicale ”, numerus clausus exigé, culture générale gréco-latine ardemment défendue, ambivalence face àune spécialisation risquant d'amputer l'omnipratique avec refus du certificat d'études supérieures de spécialité, importance primordiale donnée à la clinique et àl'anatomie plutôt qu'au laboratoire, rôle majeur de l'hôpital et du concours de l'internat.

Ces thèmes, récurrents et finalement peu variés, résument bien les caractéristiques de la médecine libérale française de l'époque. Ils reflètent aussi les préoccupations d'un corps médical frileux, inquiet pour son avenir et, dans l'ensemble, assez conservateur.

J.B. CLERC'S (1790-1875) PREMONITION ON THE “ ANTISEPTIC PRINCIPLE ” AT ST- GERMAIN-EN-LAYE HOSPITAL.

R. Sliosberg, A. Lellouch, St-Germain-en-Laye, Yvelines, France.

Documents collected by Dr. Louis Moret in a lecture, given on January 10, 1942 to the “Amis du Vieux Saint-Germain ”,

detailed Clerc's career.

Dr. Clerc practiced at St-Germain-en-Laye from 1831 until he died, in 1875. " Maison de la Charité " was both, civilian and military hospital. Including 216 beds, Dr. Clerc's department took in charge patients with fevers, wounds, poor people and elderly.

" If cuts suppurate and if patients who had undergone an operation die, it is because surgeon hands, surgical instruments and bandages introduce living germs which generate suppurations, gaseous gangrene, tetanos and hospital corruption ". Clerc's premonition preceded both Lister's "Antiseptic principle in the practice of surgery " (1867) and Pasteur's microbes discovery (" La théorie des germes et ses applications à la médecine et a la chirurgie ", 1878). Instruments and bandages were set in the oven of Clerc's gas-cooker; the linen which envelopped them was left in the oven until it becomes browned. Before using the chirurgical instruments, he obliged himself and his assistant surgeons to wash the hands with a soap during a very, very long time...

Thus, despite their historic and present importances, Clerc's assumptions remained nowadays mostly unknown.

PATTERNS OF EUROPEAN NEUROSURGERY.

B. Lichterman. Moscow, Russia.

Although craniotomy is the oldest known surgical operation neurosurgery as a specialty was formed in the first decades of the 20th century. The purpose of this study is to show significant difference in its development in three European countries: United Kingdom, France and former Soviet Union.

The structure of Soviet neurosurgery was highly centralized. At the top level there were three Neurosurgery Research Institutes - in Leningrad (1926), Moscow (1932) and Kiev (1950). Central Institute of Neurosurgery in Moscow was headed by Nikolai Burdenko (1876-1946) who viewed neurosurgical interventions as human experiments aimed to confirm neurophysiological concepts of Ivan Pavlov (1849-1936) and Vladimir Bekhterev (1857-1927). Three basic principles of brain surgery were declared: anatomical availability, technical possibility and physiological permissibility.

In the UK neurosurgery was launched by a small group of Harvey Cushing's pupils (G. Jefferson, H. Cairns, N. Dott and some others). The Society of British Neurological Surgeons founded in 1926 was initially limited to 15 members and resembled rather a private convivial club than a scientific body. French neurosurgery of the first half of the 20th century was represented by two Paris-based persons Thierry de Martel (1876-1940) and Clovis Vincent (1879-1947).

Both centralized and decentralized patterns of the development of neurosurgery had their advantages and drawbacks. They still have a strong impact on contemporary neurosurgery.

LET THE CHILDREN DIE!

C. M. Lindroos, Helsinki, Finland.

The situation of the children in many cultures has been very weak. In ancient times the firstborn child within many religions was offered to the Gods. A similar request is found in our Holy Bible there it says that the firstborn should be killed. Also enemies were tried to annihilate by killing all male children.

Weak, sick children were left to die due to religious reasons that the dead children came to heaven. But the reasons were also practical-, the poor food was saved for the stronger individuals which had an opportunity to survive.

Children have also been killed as a form of birth control. Lying a child to death which was known by everyone, was not punished by the church. From the late 16th century the comprehension about the children changed. The clerks, physicians and midwifes tried with intensive information the people to realise the value of a little child. With suitable food, cleanliness and the introduction of vaccinations the child mortality has diminished to a minimum in most countries.

LAST OUTBREAK OF THE SPANISH FLU IN 1920. INFLUENZA IN LAPLAND, FINLAND.

E.Linnanmäki, Helsinki, Finland.

The influenza pandemic called the Spanish flu was one of the most devastating demographic catastrophes in history. It affected the entire world killing over 30 million people in less than a year. Mortality was peculiarly high among young adults. Influenza occurred in four distinct waves. The first appeared in spring 1918 being reasonably mild. The second and the most fatal wave arose in fall 1918, and the third wave during the spring 1919. In previous studies, the last wave or outbreak in winter 1920 has remained poorly investigated. In Finland, influenza spread widely in January and February 1920. Although the overall mortality was not as high as during the previous waves, some regions were hit hard.

This study describes the fate of three isolated parishes in the northernmost Finland during the outbreak 1920. The study focuses on the mortality impact of the flu. Archival data for this study comes from parish death records and annual reports of the District Medical Officers and municipal doctors.

The parishes of Lapland were severely afflicted. The highest mortality was detected in the municipality of Inari: according to the death records influenza killed approximately 10% of the population over the period of two months. Apparently the flu virus was still in full force and/or the attacked population was extremely vulnerable. The sparsely populated northern parishes had more or less escaped the previous flu waves. But, in the beginning of 1920, whole villages were suddenly laid up with flu. No supportive care was available and many died from a lack of basic needs.

TEACHING HISTORY OF THE XX CENTURY MEDICINE AT RUSSIAN MEDICAL SCHOOLS.

Y. Lisitsyn, T. Zhuravleva, Moscow, Russia.

Teaching medical history at medical schools usually does not go beyond I 9th - early 20th century because it is postulated that one needs half a century gap to consider events objectively. It is also thought that the last 30-50 years does not belong to history but to the life-time of our contemporaries. Nevertheless social and scientific changes in the 20th century are unparalleled (WWI and Russian revolution, WW2 and fall of totalitarian regimes, final decay of the colonial system and formation of newly independent states, replacement of socialist system by market economy). Thes e and some other events created the background of scientific development including medicine. We are witnessing the so-called <<information explosion>> - the amount of information doubles every 10-15 years. Information technology became a key element of scientific development. Modem medicine and healthcare is shaped by events, breakthroughs and illusions of the last century. That is why it should be studied, investigated and taught to medical students.

In our opinion teaching modem medical history should be shared by all medical specialties. Each clinical course should include information about recent developments of the relevant field. Such information should be delivered at lectures, seminars and included into examination tests of medical subjects (special medical history). General trends and philosophy of 20th -century medicine constitute general medical history which should be taught at the chairs or courses of medical history.

M

GLIMPSES OF ANCIENT INDIAN (AYURVEDIC) MATERIA MEDICA.

Sisir K. Majumdar, Calcutta, India.

The aim of this paper is to throw light on materia medica in ancient India. India's medical and cultural heritage is very ancient; our unparalleled books of knowledge and wisdom in all aspects of science and philosophy - the four VEDAS (meaning knowledge) are dated 5000 BC - RgVEDA, SAMVEDA, YAJURVEDA and ATHARVAVEDA. AYURVEDA (AYU = life; VEDA = knowledge/science) Science of Life, is a part of ATHARVAVEDA. its texts included three big treatises "SANHITAS" (600 - 500 BC) - viz Charaka Sanhitas (Book of medicine), Susruta Sanhitas (Book of Surgery) and Vagbhat Sanhitas (mixed) . Susruta - "Father of Surgery" mentioned in his Sanhitas 395 plant preparations where as in Charaka Sanhitas the corresponding figures are 341, 177 arid 64 respectively. Medicinal plants were classified according to their therapeutic action (50 such groups in Charaka Sanhitas).

The pharmacological basis of therapeutics in Ayurveda is based on the concept that the human body is composed of natural elements like Air, Fire and Water. When these are disturbed, it leads to diseases of Air (Vayu), Pitta (Bile) and Kapha (phlegm) in the human system as described in the Tridosha Theory. The effects of medical plants are conceived to correct those derangements. Ayurvedic Materia Medica included easily available cruder drugs of plant., animal and mineral origin, probably for economical reasons for the people of a simple society.

BIRTH OF MODERN MEDICAL, EDUCATION -IN THE INDIAN SUBCONTINENT.

Sisir K. Majumdar, Calcutta, India.

The aim of this paper is to throw light on the evolution of modern medicine in the Indian Sub-continent (South Asia). Modern medical education started in the Indian Subcontinent during the British Colonial rule (1757 - 1947). Today it includes India, Pakistan, Bangladesh, Sri Lanka (Ceylon), Myanmar (Burma) and Nepal. During the Indus Valley civilisation (c2500 - 1600 BC) and the Aryan civili-sation from around 1500 BC till the 10th century A.D., Ayurvedic (Ayurbed = "Science of Life") System of medicine was v ery developed.

Since the 16th Century, India came in close contact with the West when Portuguese, Dutch, French and English traders started establishing trading bases on the sea coasts. During the Seven Years War (1756 - 1-763), the British East India Comp any, eliminating the French rivals made themselves masters of Bengal.. in the East and the Carnatic (Madras) in the South. Within a century direct or indirect British rule was established all. over India. After the Indian Mutiny (Sepoy Mutiny) of 1857 - 1858 - the first flame of Indian independence struggle, the rule of East India Company was abolished, and India passed under the British Crown as its brightest jewel. In fact, even during the rule of the Company, English education started in India. Medical education was also on top of the Company's agenda. In a word, during the British Colonial rule, the seeds of modern medical education were sown in India. Then, it flowered and flourished.

THE REPORT OF VICTOR GOMOIU AT THE XIth INTERNATIONAL CONGRESS FOR THE HISTORY OF MEDICINE, ZAGREB-BELGRADE, 1938, ON THE STATE OF EDUCATION IN HISTORY OF MEDICINE IN VARIOUS COUNTRIES.

V. Manoliu, Savannah, Georgia, U.S.A.

Dr. Victor Gomoiu (1882-1960) was a prominent Rumanian anatomist and surgeon, a founder of the Rumanian Society for the History of Medicine and Pharmacy in 1929, and the president of the IXth International Congress for the History of Medicine, Bucharest, 1932. He was also President of the International Society for the History of Medicine, and later an honorary member. At the XIth International Congress, Zagreb-Belgrade, 1938, he presented in French an ample report on the then current state of education of History of Medicine in various countries

The documentation for the report was compiled on the basis of the answers provided by historians of medicine from twenty-two countries to a questionnaire he had sent out. The report was published in the Compte-Rendu of the Congress, pp. 58-77. Thirty years later, Prof G. Miller approached the same subject, but this time only for the U.S. and Canada, in a paper presented at the XXIth International Congress, Siena, Italy, 1968.

DR. RICHARD DENNIS ARNOLD (1804-1876): AN IMPORTANT PERSONALITY OF MEDICAL PRACTICE, INTELLECTUAL AND POLITICAL LIFE IN SAVANNAH, GEORGIA.

V. Manoliu, Savannah, Georgia, U.S.A.

At the XXth International Congress of History of Medicine, Berlin, 1966, 1 was privy to a discussion between Prof. G. Miller and Prof. V.I. Bologa where I first learned of the activities of Dr. Richard Dennis Arnold. Since 1972, 1 have lived with my family in Savannah, Georgia, where my interests in the history of medicine eventually led me to research the multifaceted life of Dr. Arnold, a noted physician and important intellectual and political figure.Dr. Arnold was born in Savannah in 1804 and is buried at the Bonaventure Cemetery. He was educated at the College of New Jersey, completing his medical studies at the Medical College in Pennsylvania, graduating in 1830. Dr. Arnold began his medical career as public vaccinator for the city of Savannah. He entered politics and was elected alderman, and then mayor of the city. He was also the publisher and editor of the "Georgian." A noted physician, he was also a co-founder of the Georgia Historical Society, and a member of the Georgia Medical Society and the American Medical Association. He was a member of the committee that drafted the American Code of Ethics. Dr. Arnold was a founder of the Savannah Medical College and the Savannah Journal of Medicine. As mayor of Savannah, he surrendered the city to General Sherman in 1864.

NOTES FROM THE DAIRY OF THE GENERAL SECRETARY OF THE XXIInd INTERNATIONAL CONGRESS FOR THE HISTORY OF MEDICINE, BUCURESTI-CONSTANTA, 1970.

V. Manoliu, Savannah, Georgia, U.S.A.

As General Secretary of the XXIInd International Congress I kept extensive notes on the most important events that took place during the process of organizing the congress. The notes cover the period of October 12, 1968, through August 31, 1970, the date of the opening of the congress. Those are daily notes primarily documenting the various hardships encountered in the process of organizing the congress, taking note of physical and moral exhaustion, but also often noting the continued support of my family. Although the congress met with great success, I personally, as its general secretary, continued to be under a great deal of pressure long after, during the thankless process of preparing the volume of communications for printing.

After I left Romania, the volume was belatedly printed, allotting each presentation only two-pages, and for the first time in the history of the Congress no mention was made of either the Organizing Committee of the International Society or that of the host country. This was apparently done due to pressures from the censorship service, and was attributed to (or so I was later told) to the fact that I had defected. During the ensuing years. including the period following the "revolution" of 1989, official accounts continued to attribute the success of the congress to the support received supposedly from the chairs of history of medicine from around the country, something which is unfortunately untrue historically. This presentation hopefully will set the record straight.

A BIBLIOGRAPHY OF THE COMMUNICATIONS PRESENTED AT THE THIRTY-SIX INTERNATIONAL CONGRESSES FOR THE HISTORY OF MEDICINE (1920-1998).

V. Manoliu, E. Manoliu, M.V. Manoliu, Savannah, Georgia, U.S.A.

The idea for this bibliography occurred to me during a very busy period of preparations for the XXIInd International Congress, Bucuresti-Constanta, 1970. Initially my intention was to simply add to the presentation of M. Fosseyeax; who had compiled an account of the presentations made at the first six congresses, 1920-1927. Unfortunately, all the tasks involved in the organization of the 1970 congress prevented me from undertaking the above mentioned presentation. However, after 1971 I began the long and arduous process of collecting the volumes of the congresses, and of classifying the communications alphabetically. Those constitute the subject of the first volume of this bibliography, which will be followed by a second volume where the communications will be indexed by subject.

In our presentation we will display a poster with the title pages of all the thirtysix congresses, followed by a series of other graphical representations, such as the total number of pages, the languages for the presentations, distributions by countries, etc. We will also provide information about how to obtain this work, which we consider an important research tool for all historians of medicine, and which we hope will also serve as an aid in suggesting themes for future congresses.

THE TRANSFORMATION OF ONCOLOGY IN THE TWENTIETH CENTURY.

J.A. Marcum, Santa Barbara, California, U.S.A.

The purpose of this study is to examine the theoretical changes in the understanding of cancer that have resulted in the transformation of oncology, in the twentieth century. Although there was no predominate theory to explain cancer at the beginning of the twentieth century, by its end the proto- oncogene theory was widely acclaimed as an important - if not the - means for understanding the etiology of cancer.

In this paper, I map the development of selected cancer theories in the twentieth century beginning with Warburg's 'abnormal cell respiration' theory and Boveri's 'somatic mutation' theory, both proposed in the 1920s. Rous' notion of cancer viruses and his critique of then current theories of cancer are briefly considered. Next, I explore the conceptual shift in the approach to cancer with the rise of the viral theory of cancer. In 1964 Temin proposed his 'provirus' hypothesis, followed by the

proposal of the 'oncogene' theory by Huebner and Todaro. The discovery of reverse transcriptase in 1970 is then briefly investigated. Finally, the proposal of the 'proto-onco gene' theory by Bishop and Varmus is examined. In addition, I detail the impact these changes in the understanding of cancer have had on the practice of clinical oncology.

In conclusion, the twentieth century has witnessed a profound change by which cancer is understood and these changes in understanding have had important implications for how the disease is treated clinically.

SCURVY: A 300 YEARS CLINICAL TRIAL.

E. Martini, Paris, France.

In the year 1498, seven months after his departure from Lisbon, Vasco de Gama lost 60 % of his crew, as a result of scurvy. Vitamin C deficiency would limit maritime activity around the world for more than three centuries, causing the death of over two million seamen.

Fernand de Magellan, Jacques Cartier, Francis Drake were among those affected during the 16th century. However, some navigators observed that scurvy could be treated or even prevented. In 1536, Cartier tried a decoction of cedar which was used by the native Americans. By the end of this century, Hawkins and Woodhall noticed the beneficial effects of lemon juice.Nevertheless, scurvy will affect navigation during the 17th century. At this time, it was generally considered as an infectious disease, as it was usually epidemic.

In 1753, James Lind published a treatise on the Scurvy in which the effects of lemon and orange juices were clearly described. The deficiency in alimentation was thus accepted as the origin of scurvy. The use of citrus fruit became mandatory on military and then on commercial English ships.

But, an analysis of theses and articles shows that the pathogeny of scurvy was still under discussion during the 19th century.

The fascinating story of attitudes toward scurvy will be explored in this paper.

HISTORIOGRAPHY OF MEDICAL ETHICS AND BIOETHICS.

L.Mc Cullough, Houston, Texas, USA, and R. Baker, Schenectady, New York, USA.

Before the late 1980s there was little or no conversation or shared scholarly interests between bioethicists and historians of medicine on the topic of the history of medical ethics. Historians of medicine either did not attend to the history of medical ethics or explained it (away) as the function of social and historical factors such as the drive for monopoly control of medical practice. Bioethicists, with their attention riveted on current ethical crises, saw little use for historical perspective, under the mistaken belief that the field of bioethics was new, indeed, unprecedented. More recent scholarship by both historians of medicine and bioethicists has led to the production of an impressive and growing scholarly literature on the history of medical ethics. We will provide an account of the historiography of medical ethics, the construction of different genres of medical ethics, the changing meanings of the concepts and language of "medical ethics" (a phrase first used in the English-language literature by Thomas Percival in 1803) and "bioethics" (a term first used in the early 1970s), an the development of canonical literatures in the history of medical ethics. We will focus mainly on the historical development of conceptions of "medical ethics." We will conclude with a reflection on the opportunities for continuing collaboration between historians of medicine and bioethicists and the importance of the history of medical ethics for the history of medicine and the importance of the history of medicine for medical ethics and bioethics.

THE EMERGENCE OF THE HUMAN FORM IN RENAISSANCE ART: A COMPARATIVE STUDY OF MASACCIO'S AND MICHELANGELO'S THE EXPULSION OF ADAM AND EVE.

M. Mc Grann and G. Russell, College Station, TX, USA.

The purpose of this work is to compare Masaccio's and Michelangelo's innovative style and technique in the anatomical representation of the human figure in the painting the Expulsion of Adam and Eve. In doing so, each artist's background in human anatomy will be revealed and the important relationship of art and anatomy will be emphasised.

The Renaissance marked the onset of an era during which a new approach to the human form emerged. The painter Masaccio [1401-1428] laid down a foundation for these efforts with his depiction of the nude as tactile and three-dimensional in the painting, the Expulsion of Adam and Eve. Until Masaccio, the human form in religious artwork was flat and two-dimensional, merely serving a didactic purpose. Masaccio's Expulsion of Adam and Eve transformed Adam and Eve from allegorical symbols of moral emphasis to flesh and blood anatomical figures. The epitome of this movement has been characterised by the works of Michelangelo Buonarroti [1475-1564] during the late Renaissance. Michelangelo's forms exhibited a clear understanding of human anatomy. Michelangelo achieved what Masaccio had introduced, anatomical accuracy.

By comparing Masaccio's Expulsion of Adam and Eve with that of Michelangelo's, one can trace an exploration of human anatomy with respect to Renaissance art. In addition, one can conclude that anatomical accuracy can alter the impact of a painting.

STATUES OF DOCTORS IN NORTH AMERICA.

N. McIntyre, London, United Kingdom.

There are many public statues of physicians in the United States, and a small number in Canada. Six are to be found in the Capitol building in Washington, where each state is allowed to place two monuments to famous citizens in the Hall of

Statuary. The first three to be commemorated there also have statues in their own states: John Gorrie of Florida, the inventor of mechanical refrigeration, also stands, in Apalachicola; Crawford Long, the pioneer of ether anaesthesia, in Athens, Georgia; while the other statue of Ephraim McDowell is in Danville, Kentucky. The Hall of Statuary also honours Marcus Whitman (Washington), John McLaughlin (Oregon) and Florence Sabin (Colorado).

Some doctors were commemorated because of their contributions to medicine. Marion Sims has statues in New York and Columbia South Carolina, as well as in Montgomery, Alabama, where there is also a statue of his son-in-law, John A Wyeth. Trudeau can be found at SaranacLake, and Samuel Gross in Washington, D.C. The Mayo brothers (Charles and William) have a magnificent joint statue, close to one of their father, William Worrell Mayo, in Rochester, Minnesota. Other doctors are remembered for their political or military associations, such as Benjamin Rush (in Washington, D.C.); Joseph Warren, who has two statues in Boston; and Hunter McGuire, whose statue stands in Richmond, Virginia. In Canada there are two statues of Sir William Grenfell, at St Anthony and at St Johns, in Newfoundland, and a statue of Norman Bethune in Montreal.

But the grandest monument to a doctor in North America is the statue of Samuel Hahnemann, the founder of homeopathy, in Scott Circle, Washington, D.C. - perhaps a lesson to us all!!

195 YEARS OF THE HISTORY OF VILNIUS MEDICAL SOCIETY.

Vitalija Miezutaviciute, Vilnius University, Center for Medical History and Information, Lithuania.

The society was founded in 1.805 on the initiative of Prof. J. Frank from Vilnius University. The society's statute emphasized its truly professional character. The first paragraph in it stated that the society would cope with multifarous problems, exclusively those concerning medicine, surgery and pharmacy The society's goal was to encourage the development of the sciences.

During the university period, the society was mainly supported by the Medical Faculty of Vilnius University the professors of which were organizers and active members of the society. Its intensive Activities included numerous reports, the maintenance of relations with other medical societies in the Russian empire and outside it.

The society was mostly concerned with theoretical problems of medicine, had expounded some false theories, among them that of plica as a disease. Much attention was paid to the propaganda and vaccination against smallpox.

After the closing of the Academy of Medicine and Surgery in 1842, the society continued its work in the field of sanitation. Epidemiological situations and ways for their liquidation had been investigated- sanitary culture was accorded special attention. The work on the promotion of school hygiene was begun, and a pharmaceutic section was set up. The achievements in bacteriology at the end of the century advanced new methods against infectious diseases.

At present, the Vilnius Medical Society is greatly concerned with major problems in ethics and deontology, urgent issues in medicine, the history of Vilnius as an old hearth of medicine. The Vilnius Medical Society organizes annual competitions for the best medical research work which was put into practice in Vilnius.

THE SURGERY OF OLD RUSSIA.

Mark B. Mirsky, Moscow, Russia.

Medicine and surgery of Old Russia constituted a part of medicine and surgery of the medieval world. It originated from the synthesis of cultural traditions of tribes peoples which inhabited the country; one should emphasize the important role of " cultural relations with many countries of the West and East and the impact of achievements in the world culture increased with the adoption of Christianity " (IXth century). But as far back as during the pre-Slav (" Scythian ") period of its history,as evidenced by Herodot, there existed priests-physicians who were known to practise surgical methods of treatment. The existence of surgical care in Old Russia was confirmed by the Code of Laws : " Pravda Russkaya" (Xlth century): surgery was mainly practised by specialists – " cutters ", " handicraftsmen ", and " handicraft doctors ". They were mainly engaged in the " minor surgery ", but sometimes they also performed cranial trepanation. It is also evidenced by the use of such instruments as the saw, " the drill "), the elongated chisel , "the u1z:e ". These and some other instruments were kept in small " surgeon "'s chests whose pictures one can see in the incient icons of Luke, Kosma and Demijan Anastasia-the healer (the Russian Museum Petersburg, the Tretyakov Galery, Moscow).

VASCULAR SURGERY – " THE BABY " OF THE XXth CENTURY.

M. B. Mirsky, Moscow, Russia.

The most dynamic branch of surgery of the XX - th century is the vascular surgery, whose original date of birth was 1902 when A. Carrel had suggested his vascular suture. The landmarks of its development had been the appearance of vessel suture appliances (V. Gudov et al, 1946-1950), the introduction into the clinical practice of the artificial circulation apparatus designed by S. Bryukhonenko (1923), and the method of catheterization of cardiac vessels and cavities (W. Forsmann, 1929), aortic surgery (C. Crafoord, 1944), the bypass method (A. Blalock, 1945). the creation of artificial vessels (J. Hufnagel, 1947). The surgical operations increasing the collateral blood supply of the heart had been introduced into the clinical practice (D. Fieschi, 1939; G. Reinberg, 1953, et al.); V. Demikhov (1953) and G. Murray (1953) had attempted an experimental anastomosis of coronary and mammary arteries; the clinical original mammarocoronary anastomosis had been accomplished by V. Kolesov (1964). Of special importance had been the application of the autovenous aurtocoronary bypass (R. Favaloro, 1967); the surgical operation on the extracranial brain arteries (H. Eastcott et al., 1954), the use of microsurgical technigue.The new stage was marked by the development of roentgenoendovascular surgery (transluminal angioplasty) and roentgenoendoprosthetics the application of lasers. Good progress had been made in coronary angioplasty (A. Gruntzig, 1977). The culmination of the development of vascular surgery were the minimum invasion operations. The

progress of vascular surgery is notable for the differentiation of scientific knowledge coupled with their integration into the integral scientific system.

LOOKING FOR AN EFFICIENT TREATMENT IN PSYCHIATRY (1): THE UTILIZATION OF SHOCKS TREATMENTS IN A BELGIAN HOSPITAL 1920 AND 1950.

J.-N. Missa and R. Van Wijnendaele.

We have analyzed patient records from a Belgian psychiatric hospital "Centre neuro-psychiatrique jean Titeca" in order to understand how physicians were practicing psychiatry in the everyday life of a hospital during the first half of the century. The "Centre neuro-psychiatrique jean Titeca" is one of the most important psychiatric hospital in Brussels.

We have reviewed all the male admissions, under the civil commitment law,, between 1940 and 1959. It means 827 admissions. We have also studied the patient records of this period. It gave us a global picture of the utilization of the treatments (insulinotherapy, cardiazol-therapy, ECT, psychosurgery) and of the development of psychiatry as a clinical speciality in the first half of the century.

MEDICAL ETHICS AND THE STATE IN NINETEENTH-CENTURY AMERICA.

J. C. Mohr Eugene, Oregon, U.S.A.

In the absence of licensing laws and in the face of widely divergent forms of medical practice, governmental authorities at the state level in the United States struggled to find ways to enforce standards of ethical behavior upon persons practicing medicine.

The principal method of regulation that evolved during the first half of the nineteenth century was the use of criminal codes to discourage various forms of behavior and proscribe certain medical procedures as too dangerous to be tolerated. Examples of this approach will be offered and explored.

When the use of criminal statutes proved ineffective and "marketplace professionalism" became a fact of medical life in the United States shortly before mid-century, the states turned to an alternative form of ethical enforcement: the sanctioning of malpractice tort actions in state and local courts. Though irrational as a compensatory device and expensive as a social policy, this form of jurisprudential regulation remained intact even after licensing laws, at least in theory, opened the possibility of other more rational and less expensive forms of ethical enforcement.

BALANCING VALUES, FUNDING AND AMERICANIZATION OF EXPECTATIONS IN THE CANADIAN HEALTH CARE SYSTEM : AN HISTORICAL PERSPECTIVE.

J. Murray, Hallifax, Nova Scotia, Canada.

Two centuries of historical influences help explain how two neighbouring countries have developed differing social attitudes towards the individual and the group, the role of government, approaches to social decision making, and how health care should be provided. Each system has some things right and some things wrong, and there are aspects that neither has been able to overcome.

N

GERMAN SCIENTISTS HAVING WORKED FOR THE MODERNIZATION OF MEDICAL EDUCATION IN TURKISH REPUBLIC.

A.Namal, Istanbul University, Istanbul Medical Faculty, Istanbul, Turkey.

The history of medical education in Turkey involves many efforts for modernization for a period of centuries. Among those efforts the support from German scientists holds an important place. Especially in 19th century interventions for the modernization of medical education had intensified and big schools which had taken Western example and thus given Western medical lecturers management duties, were opened.

Turkish Republic (foundation 1923) which was set up from the grounds of Ottoman Empire conquered in 1st World War went through many revolutions in various institutions by giving decisions in many areas for reaching Western standards. Universities had also gained from these efforts. In 1933 "University Reform" was performed which led to the strong revolutions in universities. This date had hit an important matter in the world. At the same year many scientists in Germany who were Jewish in origin or against the new foundation were forced to leave the country by the torture of Nazis that took the power. Young Turkish Republic which had faced Western world, had the aim of setting up logical views and believed in peace and friendship in the world with the wording "Peace at home, peace in the world". In 1933 many famous scientists from medicine and other subjects had taken duty coming to Turkey. Some went on their jobs until the end of Nazi power and some after the end of 2 d World War.

This presentation aims to identify the German scientists who had done great contributions to the modernization of education by working in university reform on medicine in young Turkish Republic together with their duration of their duty, to explore their contributions in summary and thus to mention them once with respect.

MEDICAL CASEBOOKS IN EARLY MODERN EUROPE: A SURVEY OF RECENT RESEARCH AND

STRATEGIES FOR TEACHING.

B.K.Nance, Myrtle Beach, South Carolina, U.S.A.

The purpose of this paper is to provide an overview of recent research on medical casebooks in early modem Europe and to show how this research can help develop strategies for teaching.

The three or four centuries before the birth of the clinic and the rise of 'scientific' medicine are particularly fruitful fields for teachers of medical history. They force us to think about medical practice across a sort of Kuhnian paradigm shift and to examine a practice informed by theory vastly different from our own. During the last ten years, scholars have produced a large body of innovative literature relevant to the interpretation of medical casebooks. This paper will delineate several of these approaches, including the study of the relationship between theory and practice, the analysis of medical rhetoric, the study of networks of healers, epidemiology, and the study of the history of the body.

The paper argues that these approaches are useful tools for the teacher, and that the study of medical casebooks can provide a valuable experience to students of medical history, and particularly to future health care professionals.

LA OFTALMOLOGIA MEXICANA EN EL SIGLO XIX.

P. Neri-Vela. México, D.F. México.

El propósito de este trabajo es demostrar el desarrollo de la oftalmoloqía en México como una especialidad médica, durante el siglo XIX, así como de] nacimiento de su Revista, que lleva más de 100 años de publicarse ininterrumpidamente. Para elaborar esta presentación se ha investigado en diferentes archivos, como son el Archivo General de la Nación de México, la Biblioteca Histórica Nicolás León de la Facultad de Medicina de la Universidad Nacional Autónoma de México, la Biblioteca Nacional y la Hemeroteca Nacional de la misma Universidad, entre otras más.

Se concluira que la oftalmologia fue de las primeras especialidades médicas que se identificó como tal en el México decimonónico.

HISTORY OF MEDICINE IN POLAND - ITS PAST, PRESENT AND FUTURE

T. Brzezinski and J. Nieznanowska, Szczecin, Poland.

The authors describe complicated vicissitudes of the history of medicine in Poland- from the first publications on this subject (dating back to the first half of the 17 th C.), through the beginnings of academic teaching of the history of medicine in the early 1 9th C. , its development after the I World War, the obstacles the environment of the Polish historians of medicine experienced during the 11 World War and soon after it, up to the present position of the subject in the curricula of the Polish medical academies and the perspectives of the further development of medicohistorical researches in Poland.

MEDICINE IN THE CORRESPONDENCE OF THE FAMILY OF WOLFGANG AMADEUS MOZART.

J. Nieznanowska, Szczecin, Poland.

Containing more than 1500 letters from the years 1753 - 1856, the correspondence of the family of Wolfgang Amadeus Mozart is one of the most important sources of knowledge about this composer and a valuable collection of information on an everyday life of the middle class in the southern German lands in the second half of the 18 th and the first half of the 1 9th century.

Some of the letters (especially these written by the composer's father Leopold) contain many interesting news about the medicine of the period. Out of them the author has selected and analysed information on this subject, including the methods of treatment used in the composer's family, hygienic conditions in the cities visited during numerous artistic tours across Europe, common opinions on pathogenesis and prevention of several diseases (e.g. smallpox), breast-feeding and infant nursing ...

VITALISM AS COUNTER-DISCOURSE : ORGANICISM IN THE TEACHING OF MEDICAL HISTORY IN FRANCE.

S. Normandin, Montreal, Quebec, Canada.

This paper will investigate the use of vitalism as a concept in medical history, and will deal particularly with the historiographic concerns of past authors. The focus will be on both the broad social context that the historian reflects and the individual motivation to use vitalism as a "rhetorical tool." Emphasis will be on the twentieth century, and will contrast various approaches to the history of vitalism.

The argument will center around the connection between vitalism and studies in the history of physiology, citing the important influence of George Canguilhem's treatment of Claude Bernard and other French vitalists. Also discussed will be the philosophical dimensions of vitalism in the works of Teilhard de Chardin, Michel Foucault and Gilles Deleuze. Finally, a note about more recent treatments seen from a largely historical perspective, many of which focus on France as the most important milieu for the survival and dissemination of vitalistic ideas.

The conclusion will focus on how the medico-historical dimension of vitalism was an important aspect of the discourse popularized in France which existed in opposition to a more rational, mechanistic and reductionist point of view.

ILLUSTRATED HISTORY OF ANGIOGRAPHY : A SCIENTIFIC EXHIBIT.

D.Novak, Bonn, Germany.

The historical development of angiography is demonstrated on 24 posters.

The following historical landmarks are described, and with corresponding illustrations documented :

1. Beginnings of angiography, 1896-12929 ;

2. Angiocardiography, 1929-1952 ;

Arteriography, 1929-1952 ;

4. Venography, 1923-1952.

The biographies of pioneers of the angiography are illustrated with the portrait photographs. The angiogramms from the original publications show the first results achieved.

HISTORICAL DEVELOPMENT OF ANGIOGRAPHY.

D.Novak, Bonn, Germany.

Angiography i.e. demonstration of the arterial and venous vessels using contrast agents and catheters, as well as the the DSA (Digital Subtraction Angiography) and MRA (Magnetic Resonance Angiography) are important examination methods for the appropriate diagnosis of the arterial and venous diseases.

In order to achieve an overview of the historical development of the angiography the original Publications were studied and systematized in chronological order.

The interplay between the clinical and diagnostic requirements and the progress of technology as a prerequisite for the development of the sophisticated radiological examinations such as angiography was analysed.

Conclusions : The use of catheters (FORSMANN, 1929), and the use of special puncture needle for the percutaneous introduction of guide wire and catheter (SELDINGER, 1952) as well as the application of non-toxic contrast agents, are the most important events in the history of angiography.

O

THE BABIES' CLUBS IN IRELAND AND THE CHILDREN'S BUREAU IN THE US.

M. Óhocartaigh, Ratouah, Ireland.

This paper will examine the Babies' Clubs in Ireland and the Children's Bureau in the United States. Many female physicians were attracted to paediatrics and public health. As women gained access to the medical profession, welfare work was expanding. The interesting difference is that most of the American legislation relating to maternal and infant care dates from the 1920s, whereas Irish legislation was enacted the 1910s. In both cases, females were to the fore in its implementation.

Both the Children's Bureau and the Babies' Clubs used local contacts with women's organisations, the press and the clergy to propagate medical advice. How radical were these medical developments? Neither group questioned women's position in the home. In fact, they reinforced it by their insistence that only women could care for young children. The Babies' Clubs placed a lot of emphasis on encouraging women to monitor the health of the children, Illustrations will be used in this paper to explain how female physicians sought to influence the way health care was delivered.

Primary research has been carried out on the activities of the first generation of female physicians. This contemporary documentation forms the basis for an analysis of the activities of the Babies' Clubs and the Children's Bureau. It is suggested that paediatricians saw infant mortality as a socio- economic rather than a medical issue. Hence, public health was placed on to the political agenda.

DEVELOPMENT OF ANESTHESIA IN TURKEY IN THE 19TH AND 20TH CENTURIES AND SOME ORIGINAL RESULTS.

O. Öncel, A. Demirhan Erdemir, Istanbul, Turkey.

The purpose of this study is to determine the developments on anesthesia in Turkey in the 19th and 20th centuries. The method of this study is to give the developments in the field of anesthesiology in Turkey and to obtain some scientific results. For this reason, some historical documents are investigated and a historical chronology is obtained in this paper.

The application of modern methods on anesthesia began in Turkey in the 19 th century and continued to develop in the 20th century. Modern medical school was also founded in Turkey in 1827. Furthermore, cadaverous studies also began in 1841. So, new anesthetic methods and drugs were used in surgical operations. Prof.Dr. Cemil Topuzlu who was a famous Turkish

physician used chloroform as an anesthetic drug for the first time in Turkey in 1890. Thus, Prof.Dr. Cemil Topuzlu also used ether narcosis in his operations. Today, all modern anesthetic methods are also applied in the surgical operations in Turkey. Furthermore modern anesthesiology departments and modern intensive care units are also founded by anesthesiology departments in Turkey.

In this paper, the developments on anesthesia in Turkey in the 19th and 20th centuries are stressed and some scientific results are obtained.

THE USES OF HISTORY : INSTRUCTION BY VIDEO.

Y. Viole O'Neill, Los Angeles, California, USA.

In 1559, the king of France sustained severe cerebral trauma while participating in a jousting tournament. Despite expert care by the most skilled medical practitioners of the time, the king died twelve days later. Less than a decade ago, neurosurgeons. at UCLA were confronted with a comparable case. We have made a video presentation, " Vesalius, Pare, and The Death of Henry 11, " which will present, analyze and contrast the diagnoses and treatments of head trauma in two cases four centuries apart. We believe that this video will serve as an excellent tool in acquainting medical students, as well as practitioners and medical historians with one of the most complete accounts of the diagnosis and treatment of brain trauma surviving from the pre-modem era.

We believe that this video format will serve as a unique and interesting way to teach and attract medical students to the history of medicine. By comparing the unsuccessful therapeutic management of the king's case with the successful treatment inititiated by a team of modem neurosurgeons on a comparable modern case in a visually stimulating manner, we hope students will appreciate historical data while gaining valuable information about the practice of their discipline.

in this paper, I will discuss the use of graphic and video sources to enrich the teaching of medical history. In particular, I "I use clips from the "Vesalius, Pare, and The Death of Henry 11" to demonstrate how, in this instance, a misapplied focus on meningeal injury effected both diagnosis and treatment of in juries to the head from the twelfth through nineteenth centuries.

P

THE EVOLUTION OF DIFFERENTIAL DIAGNOSIS.

J. Pearn, Brisbane, Queensland, Australia.

Pivotal to best-practice medicine in the 21st century is the concept of differential diagnosis. What nosology is to pathology, so differential diagnosis is to the individual patient. Differential diagnosis comprises the sequence of: history (to) examination (to) differential diagnosis (to) tests (to) differential diagnosis (to) management. This paradigm has gradually evolved since the time of recorded history; but reached its present form in western medicine and its derivatives, with the publication of Osler's "The Principles and Practice of Medicine" in 1892. The first edition of Herbert French's book, in which appeared the first use of the term "differential diagnosis" and entitled "An Index of Differential Diagnosis of Main Symptoms" was not published until 1913. The development of the concept of modern differential diagnosis can be viewed from five mileposts- (1). Symptom-Treatment nexus, recorded in the Egyptian medical papyri; (2). Empiric diagnosis, developed to a sophisticated stage by Hippocrates and Galen; and found in Sanskrit and Chinese medicine; (3) The rise of nosology, particularly following the work of Thomas Sydenham (1624-1689); (4) The development of laboratory science with the work of Bichat, Virchow and Pasteur and culminating in 1895 with the discovery of X-rays; and (5) 20th century development of the contemporary modus of differential diagnosis. Surviving forms of these earlier approaches to diagnosis-management exist in some health systems of the 20th and 21st centuries .

THE SERPENT AS THE SYMBOL OF HEALING-PERSPECTIVES FROM A FORMER PALEOLITHIC CULTURE IN AUSTRALIA.

J. Pearn. Brisbane, Queensland, Australia.

Images of reptiles as symbolic identifiers of health, have become universal. Reptiles in general, and serpents in particular, now form the emblematic metonymy of many of the therapeutic disciplines. Cadmus and the dragon in dentistry, the Aesculapian snake in medicine and the Hygieian or Salutrian snake in pharmacy are used extensively by many contemporary organisations and societies. The world's oldest surviving culture, that of the Aboriginal Peoples of Australia, comprises more than 600 defined language groups. The most widely-held, cognate belief across these community-societies is that of the Rainbow Serpent, an ubiquitous part of the Dreaming of many extant Aboriginal Peoples. The Rainbow Serpent is variously depicted as the giver of life, the origin or controller of life, the guardian of lifesustaining water in dry regions and as one of a pantheon of extra-corporeal beings with deterministic powers. Recent palaeological discoveries in north-west Queensland (at Riversleigh) have identified the presence of a giant serpent, now extinct, but contemporaneous with the first white waves of Aboriginal migration to Australia, circa 60,000 - 50,000 B.P. Such leads to scholastic conjecture that the serpent symbol of Bronze Age and Iron Age medical systems may have had its origins in hunter-gatherer times.

THE COINS OF AESCULAPIUS AND SALUS.

J. Pearn. Brisbane, Queensland, Australia.

Coins and medals record the milestones of human behaviour. Medical themes are recorded extensively in the numismatic record. The Aesculapian staff with entwined serpent, the various portrayals of Hygieia and of Salus, the derivative Roman goddess of health, feature prominently on coins dating from those of the Mysian Mint at Pergamum from circa 200 B.C. Ancient coins portray Hippocrates, Galen and Xenophon. Coins have provided some of the most ensuring evidence of the early symbolic portrayal of the Aesculapian staff and of the patera, emblems which have become the universal symbols of medicine and the allied health sciences from the mid-19th century. In countries established by colonial outreach from the nations of Europe, there was often insufficient coinage in circulation to satisfy the monetary demands of business and commerce; and several of the compensatory penny tokens, which were printed for pragmatic compensation, contain the Aesculapian and Salutrian themes. "Medical" coins thus encompass the numismatic spectrum of coins which portray clinicians, public figures who had graduated in medicine, classic emblematic themes of medicine and items such as "touch pieces" from the Stuart Reign of the 17th century.

THE HISTORY OF SPECIAL SURGERY AT UTMB (GALVESTON).

L.Phillips, S.Blackwell and T. Huang. Galveston, Texas, U.S.A.

Plastic surgery has a long and lustrous history at UTMB Galveston, even predating the creation of the specialty itself. On the occasion of the celebration of the 50th anniversary of our residency program, the authors would like to commemorate the giants who have gone before us. The first medical school west of the Mississippi was established by the University System of the State of Texas on Galveston Island in 1890. The first chairman of the department of surgery was James E. Thompson, notable for the Rose-Thompson Cleft Lip Repair. His successor, Dr. A. 0. Singleton recognized the need for specialization within surgery itself. Consequently, he invited the leading luminaries in plastic surgery to attend a meeting at his home. This resulted in the formation of the American Board of Plastic Surgery in 1937. The photograph of this meeting was taken by a young surgical resident who Dr. Singleton felt was likely to make a good plastic surgeon: Truman G. Blocker, Jr., M.D. Dr. Blocker joined the faculty only to leave for the military with the outbreak of W W II. Upon his return, Dr. Blocker created the residency at the University of Texas Medical Branch (Galveston). Dr. Blocker then created the Special Surgery Unit, which included both plastic surgery and neurosurgery, to provide more operating time and space for both services. These converted army barracks were the site of much socialization within the division, leading to the type of family 11 atmosphere" that exists to this day. This was in large part promoted by the fact that many of the nurses on this unit were the spouses of the residents. The program distinguished itself by producing many of Plastic Surgery's leadership for the coming decades. Many distinguished foreign surgeons visited during this time. Dr. Blocker's career sky-rocked as he became President of the Association, the Texas Surgical Society, President of the American Board of Plastic Surgery, to name only a few honors. Galveston Island became distinguished as a site of cutting edge civilian disaster care after the Texas City disaster of 1947. Fire in the hold of a French freighter led to a chain of explosions that ripped the harbor and led to more than 600 deaths and 3500 injured. Recognizing the need to treat extensive burn wounds differently, Dr. Blocker created the first identified Burn Unit, still called the Truman G. Blocker Burn Unit. As Dr. Blocker continued his career and advanced to Chairman of the Department and President of the Medical Branch, Stephen R. Lewis became the next Chief of the Division of Plastic Surgery. Similarly, Dr. Lewis was President of the Plastic Surgery Research Council, the ASPIRS, and in recognition of directing one of the largest residency programs in the country, the chair of the Residency Review committee. Subsequent Division leaders have built upon Dr. Blocker's foundation. Aware of our heritage, we humbly follow in the footsteps of giants.

PROMINENT TEXTBOOKS OF INTERNAL MEDICINE IN THE 20th CENTURY.

J.A. Pittman, Jr. Birmingham, Alabama, U.S.A.

The purpose of this paper is to examine the relation of textbooks to specializaton.

Textbooks of internal medicine both reflect the status of medicine current at the time of publication and also help solidify it and create the foundation for the next phases of the subject. Of the more than 1,650 textbooks on internal medicine listed in the National Library of Medicine catalogue, three in the 20" century stand out: Osler's Principles and Practice of Medicine, Cecil's Text-book of Medicine, and Harrison's Principles of Internal Medicine, probably the most printed of all textbooks of internal medicine in all history.

The origins of these books and their authors/editors will be reviewed, the influence of the circumstances of their times and the practice of medicine and science then, and how they were organized to fulfill their purposes. If time pen-nits, other internal medicine textbooks will receive brief comments, as will current trends.

ARISTOPHANES AS AN EYE-WITNESS OF ASCLEPIAN MEDICINE.

E.Poulakou-Rebelakou,M.Mandyla-Koussouni,J.Lascaratos, Athens, Greece.

Aristophanes, the most famous Athenian writer of comedies, represents the " Attic Old Comedy " with his eleven surviving plays. The spirit of Athens' Democracy of the Golden Age allowed the comic poets to enjoy considerable freedom of speech, mocking persons and situations, while being most careful on religious matters, including Asclepian medicine.

Although the Aristophanian comedies parodied and sometimes ridiculed both practical and Hippocratic doctors, at the same time they maintained different attitude towards Asclepian temples and their healers. The poet himself was an eye-witness of the Athens, Piraeus and Aegina Asclepieia and their cures, referring to them directly in the plays "Wealth " and " The Wasps " and indirectly in "Lysistrata". In "Wealth ", the ritual preparation, incubation and miraculous healing of the blindness of the god Plutus (= Wealth) are described, probably taking place in the Piraeus Asclepieion. In the " Wasps ", the efforts of the son Anticleon to cure his father Procleon of a curious mania, characterized as " trialophilia " are narrated. After several unsuccessful therapeutic methods, the son brought the father to the Aegina Asclepieion, which specialized in

psychiatric diseases but the patient escaped before any divine intervention.

Conclusion : the great Aristophanes, although sarcastic and satirical about rational Hippocratic medicine, regards with reverence the then existing Asclepian medicine, demonstrating belief in the supernatural powers of the latter, while lacking impious irony.

MEDICINA PRECOLOMBINA. Y ABORIGEN MAPUCHE CHILENA.

S. Puente. Santiago de Chile.

El estudio consiste en la descripción de cuatro culturas precolombinas de Latinoamérica : Maya, Azteca, Quechua y Mapuche.

Se inicia con el paulatino poblamiento del Continente Americano, desde Berin gia y los métodos de estudio de estas culturas antiguas.

El pueblo Maya, ya desaparecido, fuá un Estado Religioso-Militar con gran dominio de la Astronomía, un Calendario solar de 365 días y 18 meses de 20 dí as cada uno. Una Medicina ejercida por sacerdotes con una estricta esseñánza médica. Su Antropofagia ritual les permitió conocer la Anatomía Humana, con un vocabulario de 150 vocablos anatómicos y 200 Sindromes patológicos.

La Cultura Azteca describe la ciudad de Tenochtitlán, los métodos de adivina cióm de sus médicos y ¡os sacrificios rituales. Dividen las enfermedades en "livianas" o crónicas, tratadas con hierbas, y agudas o "peligrosas" debidas a faltas cometidas. En Traumatología utilizaron la tracción contínua, el in jerto óseo y el enclavado intramedular del fémur, 5 siglos antes que Europa.

La Cultura Quechua, o Incaica analiza las Trepanaciones, sus construcciones, tejidos y la organización perfecta del Imperio Incaico. El uso de la Coca como vigorizante, y cerca de 500 drogas de origen Animal, mineral y hierbas.

Los Mapuches muestra sus "machis", herederos de los chamanes, con sus "machitunes" y rogativas para las lluvias. El uso de tierra de sepulturas. donde crece el hongo Penicillum Notaum, para curar heridas.

HISTORICAL RESEARCH AND THE DEVELOPMENT OF FUNCTIONAL SEAT FURNITURE.

J. Pynt, J. Higgs, and M. Mackey, Sydney, N.S.W., Australia.

This paper deals with the history of functional seating. Architectural and archaeological furniture historiographies frequently refer to seat design as functional, although the majority of such texts trace the aesthetic, rather than the postural development of seat design. The question arises therefore, whether the foremost function of seat furniture throughout its history has been to serve as art, or as a posturally healthy support for the human form.

Seating which does not assist healthy posture is a

source of mechanical stress to the structures of the low back (Andersson et al 1974). This paper traces the development of seat design functional to postural health from the 4 th millennium B.C. to the present day. Factors influencing the relatively brief periods of posturally healthy seat design are discussed, beginning with the Egyptian Old Kingdom. Consideration is also given to the more dominant aesthetic influences on seat design.

To understand and improve seating design there needs to be a clearer definition of the term "functional". This paper contends that seating subservient to art may be described as having an aesthetic function, whereas seating predominantly serving the maintenance of postural health may be deemed functional. When applied to seat furniture, a clearer definition of the term "functional, may lead to an improved understanding and design of seat furniture appropriate to maintenance of healthy posture.

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R

EVOLUTION OF FAMILY MEDICINE IN THE UNITED STATES : SISYPHUS REVISITED.

R.E.Rakel. Dept of Family and Community Medicine, Baylor College of Medicine,Houston, Texas, USA.

Struggles to establish the American Board of Family Practice at times resembled those of Sisyphus. Opposed by its own professional organization and other specialties, recognition as a specialty in 1969 occurred only after compromise and innovation. Thirty-one years later, the struggle continues, although primary care is now recognized as essential to any health care system.

JOHNS HOPKINS DREAM FOR A MODEL OF ITS KIND: THE JHH COLORED ORPHANS ASYLUM.

P.Reynolds, Baltimore, Maryland, USA.

In 1867, Johns Hopkins set down in writing his intentions for use of an endowment available upon his death. Similar to his goal for a superior university and hospital integrated with a medical school. Hopkins dreamed of a model orphans asylum that would provide African-American children from Baltimore and surrounding counties shelter, fellowship, and spiritual growth, as well as educ ation and skills to participate as full citizens upon graduation.

Research was conducted in archival documents pertaining to the Johns Hopkins Hospital Colored Orphans Asylum, industrial schools in Virginia, and in the literature on care of orphaned children and 19th and 20th century education.

The Johns Hopkins Colored Orphans Asylum was a centerpiece of the Johns Hopkins Hospital activities from 1873, the year Johns Hopkins died, until after World War I when the Asylum ceased to operate as a separate institution. It was formalized in the activities of the Johns Hopkins Hospital Board of Trustees through creation of a standing committee on the Colored Orphans Asylum, a Lady Board of Managers that oversaw the daily operations of the Asylum, and through by-laws, admissions and discharge guidelines, and education curricula. One explicit goal of the Hopkins Orphans Asylum was to prepare the children for employment as domestic attendants in homes of Baltimore's elite. After World War 1, it became a component of the medical and surgical operations of the Johns Hopkins Hospital serving as a convalescent and rehabilitation center for African-American children with orthopedic injuries. Upon closing the Hopkins Colored Orphans Asylum, the Hospital trustees continued their close oversight of the girls by insuring their education through their enrollment into premier industrial schools in Virginia.

The history of the Johns Hopkins Colored Orphans Asylum demonstrates extraordinary stewardship among the Hospital trustees and Lady Board of Managers to fulfill Hopkins , commitment to the poor and orphaned. The Hopkins Colored Orphans Asylum was a model of its kind from 1873 until 1923) when its last student graduated into the community.

TEACHING HISTORY : MEDICINE'S EXPANDING UNIVERSE.

G.B.Risse , University of California, San Francisco, USA.

The separation between medicine and history coincided with the rise of scientific medicine. With the help of specific examples, this brief survey follows history's shifting rote in US medical education. From teaching the classics to discussing narratives, history remains a valuable toot in understanding the humanistic side of medicine.

FROM INTERAMERICAN POLITICS TO SUCCESS. HISTORY OF THE PANAMERICAN CONGRESSES OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY.

M.Rizzi, Montevideo, Uruguay, South America.

The first Pan Am Congress of Otorhinolaryngology and Bronchoesophagology was held in Chicago in October 17-19, 1946, together with the LI Meeting of the American Academy of Ophtalmology and Otolaryngology. The Constitution and bylaws of the Pan Am Association of OHL and BE were approved at the II Pan Am Congress held in Montevideo and Mar del Plata in January, 1950. Every two years since then, 25 Pan Am Congresses have been taken place in different cities in Latin America, USA and Canada. The next one will be held in Lima, Peru, in November 2000.

During World War II the Program Committee of the American Academy of Ophtalmology and Otology, and the Office of Inter-American Affairs of the State Department were specially interested in developing plans for Pan Am OHL Congresses, and in 1942 Dr Chevalier L Jackson was appointed chairman of a Committee to this purpose. Dr Chevalier L. Jackson attended the 11 South Am Congress held in Montevideo in 1944. Five hundred participants were present as well as leading personalities of Latin' Am OHL. Among others, Dr J M Alonsoso, from Uruguay (chairman), Drs E Segura from Argentina (chairman of the I South Am OHL Congress, 1940) and João Marinho, from, Brazil, chairman of the I Brazilian ORL Congress.

These three leaders were known as the Three Latin American Musketeers of the OHL science. They were, with Chevalier L Jackson, responsible for the foundation of the successful Pan-American OHL and Head and Neck Association.

CANCER, CARCINOMES ET TUMEURS DANS L'ANTIQUITE ET AU MOYEN AGE.

A.M.Rosso, Université de Buenos Aires, Buenos Aires, Argentine.

Ce travail vise à examiner le concept du cancer dès l'époque de l'Antiquité et du Moyen Âge et associé à toute sorte de corruptions du corps tendant à s'étendre ou à envahir les tissus : plaies, pustules, abcès, bubons, phlegmons, tumeurs bénignes ou malignes. Les Grecs relient cette maladie au monde aquatique, endroit mythique où se procréait et s'engendrait spontanément le monstrueux et l'inattendu. Nous consulterons diverses sources : les Papyrus Egyptiens, les Corpus hippocratique et galénique et des documents romains et médiévaux, tels que Celse, Pline, Averroès, Isidore de Seville.

Dans l'Egypte Ancienne, les Traités sur les Tumeurs mentionnent le dieu faucon Khonsu qui, en châtiment des erreurs commises, envoyait aux humains les plus affreuses tumeurs. Les hippocratiques ont deux traités généraux sur les plaies et les fistules et leurs médicaments, tandis que Galien cite le sujet à plusieurs reprises, mais tous deux conseillent de ne pas les traiter si elles sont malignes afin de prolonger la vie du malade. A Rome, Celse est le premier à faire une description systématique des différents types de cancers quand il décrit les lésions nocives du corps selon les postulats grecs. Pline, pour sa part, par analogie ou par opposition, guérit les piqûres venimeuses et les tumeurs avec des crabes et des écrevisses. Au Moyen Âge, Isidore de Seville définit le cancer comme une plaie inguérissable qui exige une intervention chirurgicale pour prolonger un peu la vie et retarder la mort, toujours inéluctable. Averrohès, à son tour, le considère comme une sécrétion du corps permettant de se délivrer des aliments et des médicaments nuisibles.

Bien que la totalité des savants étudiés utilise différents traitements comme la cautérisation, la chirurgie ou les remèdes énergiques, la plupart pense aujourd'hui, que le cancer est une maladie incurable si elle n'est pas soignée àtemps.

TRUFFAUT'S " L'ENFANT SAUVAGE ", ITARD AND THE " NATURE-NURTURE " CONTROVERSY.

G.A. Russell, College Station, Texas, USA.

François Truffaut's film, entitled " L'enfant sauvage" (1970), is based on " Victor de L'Aveyron " , a feral boy captured in 1799 in the forests of Aveyron in Southern France. Sent to the National Hospital for the Deaf an Dumb in Paris, the boy came under the care of the young physician, Jean-Marc Gaspard Itard, whose detailed case notes constitute the first scientific study of a feral child.

Itard's study in fact raises the fundamental question of the origins of human nature. Since feral children fostered by animals failed to recognize their human identity, was this failure due to an inherited defect or to their environment deprived of human contact? This paper will explore both Itard's position in this controversy as well as Truffaut's portrayal of Itard.

Itard's work had a profound influence on the development of the nineteenth-century social sciences, providing substantial support for the thesis that human nature is a product of environmental rather than biological factors. Contrary to his later hagiography, however, Itard firmly believed the " child of Aveyron" was mentally defective and that given special training, he could be restored to a civilized human condition. Although he did not succeed in his attempt, Itard's innovative training methods formed the basis of modem special educational skills for working with the deaf and those with learning disabilities. They also formed the basis of the Montessori method.

S

THE MARSOVAN HOSPITAL.

N. Sari, I. Basagaoglu, A. Uçar, Istanbul, Turkey.

The American Board of Commissioners for Foreign Missions founded several health institutions in Anatolia. The hospital founded in Marsovan, situated in the central Black Sea region of Turkey, was one of its most important stations.

The aim of this study is to bring forth the practice of the Board's health activities which started with two nurses appointed for the treatment of the Marsovan Anatolia Girl's School in 1895 and developed to be a dispensary, which later turned to a hospital.

The Ottoman archive documents, missionary board issues, memories and journals of the period are used as sources where we can find information about the health employee, the plan of the hospital, infectious diseases in the district, as well as other educational institutions, such as the school for the deaf etc.

This study showed that the American health personnel employed by the Board contributed to the health of not only the students of the college, but had warm relations with the inhabitants and helped in restoring their health in a period when the local health services were insufficient, though the discovery of the political interest of the Board gave an end to these beneficial activities and sincere relations at the beginning of the Ist World War.

THE SIMURG-A SYMBOL OF HOLISTIC MEDICINE IN THE MIDDLE EASTERN CULTURE IN HISTORY.

N.Sari,Istanbul, Turkey.

Imaginary creatures as symbols for miraculous treatment can be found through history in various cultures. We can trace the simurg, an imaginary bird as a symbol of holistic medicine both in literature and art within the Turkic cultural circles in history.

This study aims to search for the underlying factors in creating imaginary creatures, specially with respect to untreatable diseases, before and after the Islam in the example of the simurg within the Turkic cultural circles in history. The role of various factors in the development of the simurg symbol and concept, such as the particular impression of the artist's role in determining the reflection of the text in the illustration is handled.

The Shehname, consisting of heroic Persian stories compiled in verse by Firdevsi, who was said to be supported by the Turkish leader Mahmud of Gazne in early I Ith century is a striking example of the simurg conceived as a healer. These epic verses influenced miniature pictures, amongst which the simurg has beautiful artistic illustrations. During the following centuries the simurg came to be a symbol of sufizm in Turkish mystic literature. Miniature pictures and stories related with the simurg's practice of the healing art will be dealt with in this paper.

Examples of the simurg described in literature and illustrations unrelated or indirectly related with medicine show the infusion of main cultural elements into different areas along history. The Seljukian and Ottoman peoples modified and adapted the symbolic role of the simurg in accordance with the change of faith and tended to be more abstract then practical and the simurg's spiritual feature grew to be more important, while artists went on regarding it as a beautiful and inspiring element of miniature pictures.

SIR LUDWIG GUTTMANN : THE ADVENT OF A NEW ERA FOR REHABILITATION AFTER SPINAL

CORD INJURY.

E.Schültke, Seattle, Washington, U.S.A.

Already more than 4,000 years ago physicians were familiar with the diagnosis of spinal cord injury, as described in the Papyrus Edwin Smith. But up to the time of the First World War, during which about 80% of the casualties who had sustained spinal cord injury died within the first two weeks, standard textbooks agreed with the conclusion of the unknown author of the Edwin Smith Papyrus: an ailment not to be treated.

During the Second World War, with a high number of casualties amongst both military and civilians, this attitude started to change slowly. The Peripheral Nerve Committee of the Medical Research Council in England, under leadership of the neurologist George Riddoch, acknowledged that care for patients with spinal cord injury necessitated an approach modified or even distinctly different from care for other trauma patients.

When Dr. Ludwig Guttmann opened the Spinal Injury Unit at Stoke Mandeville Hospital in Aylesbury, England, in February 1944 he introduced an entirely new concept in the care for paraplegics and tetraplegics. This concept included a multidisciplinary approach of treatment throughout all phases after the injury, under the primary responsibility of an experienced physician, as much as social an professional rehabilitation.

The new therapeutic concept embraced sports as a fundamental catalyzator for motivation and achievement. In 1948, Dr. Ludwig Guttmann organized the first National Stoke Mandeville Games for the Paralysed. This annual event soon took on international character. As the athletes prepare for the Sydney 2000 Paralympics, this talk wants to pay homage to Dr. Ludwig Guttmann, the man who changed the perspective on social integration after spinal cord injury.

REYE'S SYNDROME AND ASPIRIN.

S.Shelburne, Washington, D.C., U.S.A.

Reye's syndrome is a rare pediatric disorder characterized by an initial febrile illness, commonly influenzae or varicella, followed in several days by persistent vomiting, delirium, stupor, coma and convulsions. Most of the children died within a few days and at autopsy there was diffuse fatty infiltrate of the liver and severe cerebral edema. The clinical and pathological features of the syndrome were first clearly defined by Dr. Reye and his associates in 1963 in Australia. Numerous cases were subsequently reported throughout the world. In the U.S.A. three epidemiologic studies were done in the late 1970's and early 1980's which showed a statistical association between Reye's syndrome and the use of aspirin for treatment of febrile illnesses in children. In the early 1980's warnings were issued to the public and physicians about the possible association between the use of aspirin and Reye's syndrome. Heated controversies developed concerning the validity of the studies between physicians, public advocates, U.S. Public Health Service, pharmaceutical manufacturers and others. Aspirin use was voluntarily severely curtailed and the incidence of Reye's syndrome fell dramatically. In the peak year of 1980 there were 555 cases reported in the U.S.A., by 1987 only 36 and in the late 1990's only two to three per year. This presentation will review the history of Reye's syndrome with particular emphasis upon the early investigations and the relationship to aspirin.

THE MEDICAL AND EDUCATIONAL WORK OF DR. ALEXANDRA BELKIND AND THE ESTABLISHMENT OF THE FIRST WOMEN CLINIC IN ISRAEL, EARLY 20th CENTURY.

S. Shvarts, Ben-Gurion University, Beer Sheva, Israel.

The health of women in Palestine in the nineteenth century was horrendous. Most suffered from poor health, malnutrition, numerous miscarriages and still births. The level of death in childbirth was extremely high. A revolution in changing the health status of women and changing the attitude of traditional society to the special health problems of women can be charted from the arrival of Dr. Alexandra Belkind in Palestine. Russian-born Dr. Alexandra Belkind (1872-1943) studied medicine in Paris and Geneva and began practicing as a gynecologist in the Community Hospital in Jaffa in 1905. During her years of practice she operated a special clinic for women. In her medical diaries Dr. Belkind describes and diagnoses the problems of woman common to the period - such as infections of the uterus, primary and secondary infertility, venereal diseases, and early menopause (at the age of 30). Dr. Belkind noted that marriage of young girls at the age of 10 to 13 years was the cause of many of their medical problems. She was the only woman gynecologist in Palestine for over thirteen years (1905-1918). Her scientific endeavors and medical initiatives concerning diseases and illnesses particular to woman serve as a unique source of information on many facets of medicine at the time: the health of women; the status of women within society and the family-, prevailing attitudes among women vis-a-vis their own health, available medications, common modes of treatment, surgical procedures for common birth defects, and modes of coping with chronic illness;

This study is based primarily on the contents of Dr. Belkinds' private diary and archival sources of that time.

DR. BRUNO MOSES-THE DIARY OF A JEWISH DOCTOR-A REFUGEE FROM NAZI GERMANY IN JERUSALEM 1936-1942.

S. Shvarts, Ben Gurion University, Beer Sheva, Israel.

The rise of Hitler in 1933 was the catalyst for the beginning of mass immigration of 2000 Jewish Physicians from Germany to Palestine. The arrival of the German Jewish doctors flooded the country and increased the size of the medical community five fold. The medical institutions in Palestine succeeded in absorbing half of all the immigrant doctors on a "first come-first serve" basis. Thus, physicians who arrived between the years 1937 and 1939 found themselves faced with a situation where all available medical posts were filled. The story of this wave of mass immigration and the absorption Jewish doctors from Germany in Palestine was documented in the private diary of Dr. Bruno Moses. diary is one of the few primary documents remaining from this period. Dr. Moses came to Palestine 1 193 8 - after being released from a Nuremberg prison where he

had been imprisoned for three years on false charges; In his diary, Dr. Moses describes the arduous struggle of his immigrant colleagues and own desperate endeavors to work as a physician.. This study is based on the contents of Dr. Moses' diary - only brought to light in 1990 through the join endeavors of Dr. Moses' son and the author of this paper. The diary - describing the intimate experience of one immigrant doctor, written from a personal viewpoint - documenting his struggle to adjust and make a decent livelihood for his family during the Second World War. The original diary was translated from the German into Hebrew, and is now preserved in the Ben Gurion Archive.

THE CHILDREN HYGIENE-THE HEALTH EDUCATION WORK OF HADASSAH-AMERICAN ZIONIST WOMEN ORGANIZATION IN PALESTINE DURING THE BRITISH MANDATE 1918-1948.

S.Shvarts, Ben Gurion University, Beer Sheva, Israel.

The purpose of this paper is to trace the contribution of the American Zionist Women Organization-Hadassah to the process of building health education for Jewish children in Palestine, The Hadassah organization was founded in 1912 by Henrietta Szold, a prominent Zionist activist from Baltimore, Maryland. Hadassah was dedicated to rendering assistance to the Jewish community in Palestine, in the field of health and education. Indeed, the organization's activities were a significant and weighty factor in the lowering of infant mortality rates and death of women in childbirth; elimination of communicative diseases, and ensuring the well-being of mothers, children and the family as a whole.

Among Hadassah's achievements were the establishment of a network of subsidized kitchen in schools ("A Glass of Milk a Day"); education of children in health and personal hygiene-, and establishment of a network of playgrounds for children and youth outside the school framework - where children participated in social and educational programs under medical supervision; and construction of lavatories and showers alongside the playgrounds, to accustom children to new standards of bodily cleanliness. The central thrust of Hadassah's work was to educate the children towards a healthier lifestyle independent of others - along the lines of prevailing standards in America in the 1920s in regard to health education, hygiene and proper nutrition. Despite opposition expressed ill the press, parents appreciated the health educational endeavors of Hadassah and cooperated with the organization. Thus, Hadassah succeeded though its programs in reaching almost all the Jewish children in Palestine at the time.

Ongoing data collected by the Health Department of the British Mandate Government show a significant improvement in the health of school children, proper nutrition and levels of personal hygiene and awareness of hygiene and sanitation matters.

With the establishment of the State of Israel in 1948, health education services operated by Hadassah were transferred to the Ministry of Education and the Ministry of Health.

Research is based on archival material gathered in Israel, England and the United States.

MEDICAL MOTIVES IN CROATIAN PAULINS ART FROM 13th TO 18th CENTURY.

A.A.Skrobonja, B. Kvenic, and M. Sestic, Rijeka, Croatia.

In the introductory part, we remind on a long history (1233- 1786) of the Paulins in Croatia. Starting as few hermits, the Paulins developed into one of the most active monastic orders, the activity of which has continuously been leaving remarkable traces not only in the Church history but in general history, too. In their religious mission, the Paulins were building churches and convents, opening schools, cultivating applied art and promoting art and science. From the medicohistorical point of view, their shelters and pharmacies are especially important. Medically well educated monks, who were acting there, were known in the folk as the "white friars".

The second part of the work shows examples from the Paulin monasteries and churches, which are in direct or indirect connection with Paulin medical efforts. Especially valuable are wall-pictures in the pharmacies with the motives of healing and miraculous recoveries from the Old and the New Testament, as well as similar examples from local tradition. Votive pictures and objects, brought by the pilgrims to some of the Paulins sanctuaries, were well known for their miraculous powers. The third element of our consideration are pictures and sculptures of saints-protectors from diseases, found in numerous churches and chapels which the Paulins had built in Croatia.

IMAGES OF HEALERS IN THE TEACHING THE HISTORY OF MEDICINE.

T.S.Sorokina, Moscow, Russia.

" It's better to see once than to hear a hundred times " - says a Russian proverb. The Department for the History of Medicine at the Peoples' Friendship University of Russia, Moscow, where students from over one hundred countries study, has a wide collection of slides that cover the entire field of the History of Medicine. Among them are the images of healers and healing drawn from painting and sculpture.

Ten images of healers and presentation of diseases in primitive society, and in the Ancient East (ancient Mesopotamia, Egypt, India, and China) will be discussed in the presentation. Many of these images are of artifacts that are contemporary with the periods they illustrate while others are works of art of more recent ages. The main body of the communication will be focused on specific examples showing how healers looked like in different countries of the Ancient East, and how presented works of art have the understanding of the development of diagnosis.

Familiarity with different traditions of art and images of healers and healing greatly broadens the historical understanding of students of the History of Medicine by allowing them to appreciate the artifacts on which our understanding of medical history depends. By extending their historical horizons it also improves their professionalism.

NATIONAL AND INTERNATIONAL ASPECTS IN THE TEACHING MEDICAL HISTORY.

T.S.Sorokina, Moscow, Russia.

In the recent years, the idea of a textbook on the History of Medicine JIM) common for the whole of Europe has popped up among few medical historians. This proposal, however, did not sufficiently take into account the fact that the teaching of HM differs all over the world by its program, contents, methods, duration, etc.

In many countries, HM is taught as a one-year compulsory undergraduate course. A variety of options is also available. The duration is different: ranging from a short lecture course, with or without seminars, to an extrayear (an Intercalated BSc Studies at UCL, the Wellcome Trust Academic Unit, UK). Like other Humanities, HM is not devoid of a national accent, connected with national history, culture, religion. Very often national HM is taught in the context of the World HM, but in some countries national 14M is given separately after a short introduction into the World HM. Correlation between the national and the World HM also varies. At the Peoples' Friendship University of Russia, a small microcosm of the World, we follow the international approach in teaching HM; the Russian HM is given in the context of the World HM. In some countries there is a textbook on the HM (E.H. Ackemecht, 1982, USA; G. Harig & P. Schneck, 1991, Germany; F. Guerra, 1989, Spain; S. Marketos, 1996, Greece; M. Shengelia, 1984, Georgia; T. Sorokina, 1994, Russia). Each is written for a particular national or university HM course, to help students prepare for lectures seminars and exams. For a shorter course, the textbook is smaller. Hence a textbook is a special genre of literature, not an encyclopaedia In some countries (e.g. UK) there is no textbook on HM. These aspects will be discussed in the presentation.

The correlation between national and international aspects in teaching HM varies in different countries and universities, just as the contents, duration and style of HM study do. Hence at present, a textbook on the History of Medicine common for the whole Europe, or the whole World, is more of a dream than a reality.

DEFORMITY UNEXPRESSED IN PERSON: VISUAL NARRATION OF PSYCHIATRIC IN- PATIENT EXPERIENCE.

A. Starr, Wellesley, Massachusetts, U.S.A.

This paper will present slides and discussion of several color drawings and an artist's book that convey experiences of psychiatric hospitals for which words are found with great difficulty. The drawings were all made by Starr (the author/artist) during the period of her several short-term commitments for depression and psychosis. Although they were made at the time for expressive reasons, and thus constitute one level of therapy, their impact grows as distance from the hospital grows and the risks associated with seeing too much diminish.

The drawings reveal levels of experience and perception most patients would consider too risky to acknowledge--especially verbally--on a locked ward. They in fact contain a world of observation delayed in expression. Individual scenes include, among others, admission to the hospital, bed checks, and individual and group therapy sessions. The artist's book contains words and pictures that mutually convey one's feelings of monstrosity as one labors under the burdens of bipolar and borderline personality disorders.

PROF.DR. OTTO ZUCKERKANDI OPERATING A GUNSHOTWOUND IN THE FIRST WORLD WAR A MASTERPAINTING OF LEO DELITZ.

F.Stellwag, C.Stellwag and K. Weishdupl, Vienna, Austria.

The world famous urologist Prof.Dr. Otto Zuckerkandl (1861-1921) joined as volunteer the Central Powers against the Allies in W.W. I. Being a lieutnant colonel doctor (k.k. Oberstabsarzt II. Klasse), he became chief in the Reserve Hospital I of the Second Army, in Lemberg (Galicia).

In 1916, when the offensive of the Russian general Brusilov was vigorously prosecuted along the whole battlefront, in Galicia, the Austrian painter Leo Delitz (1882-1966), a Hagenbund and Künstlerhaus member travelled at the Eastern Front in order to inform his home country Austria with oil paintings and watercolours of the war scene, some of them nicely demonstrating the medical care of the troops.

His oil painting showing Prof.Dr. Zuckerkandl operating a gunshotwound was presented in large art exhibitions of the "Kriegspressequartier", in Vienna (1916) and Bozen (1917). The latest at that time available medical standard shown in the painting is a good example of the excellence of Austrian-Hungarian war surgery. At the rear entrance of the operating room, a uniformed Russian and Austrian soldier can be recognized.

The medico-historic background of Zuckerkandls assignment in W. W.I and the role of Delitz as travelling artist at the Eastern Front is discussed in detail.

PROFESSIONALISM IN AMERICAN MEDICINE : THE NEED TO REAFFIRM THE SOCIETAL COVENANT.

J. Stobo, UTMB, Galveston, Texas.

At the turn of the 20th century, American medicine was anything but a profession. To paraphrase the 1910 Flexner Report, there were too many medical schools (155) operating solely to make a profit and turning out ill- trained practitioners of low professional ideals. Reforms which began at Harvard, University of Pennsylvania and Hopkins provided a model for

educating professionals committed to addressing the health needs of society in the highest quality fashion. This led to an implicit covenant in which American medicine agreed to address society's needs ahead of its own. Society in-turn, pledged its support of the profession. Events have occurred over the past decade, which threaten this covenant. As we approach the 21 St century, it is time for medicine to understand its responsibilities as an accountable profession and to affirm its covenant with society.

TEACHING MEDICAL HISTORY IN SWEDEN : A BROAD HUMANISTIC PERSPECTIVE.

C-M. Stolt, Stockholm, Sweden.

At the leading centre of medical education in Sweden, the Karolinska Institute in Stockholm, a new academic discipline was established in 1998 : Humanistic medicine.

Modem technological medicine urges the need of a humanistic dimension in medical education and clinical practice.

The discipline humanistic medicine at the Karolinska Institute has three aspects :

1. Medical history ;

2. Philosophy of medical science (What is medical science? What is the methods, goals and concept of this science ?) ;

3. Aspects of the medical meeting (What happens in the relation between a patient and the caregiver ? How is suffering and disease expressed in art and literature ? etc).

Medical history seems to be a valuable tool when teaching this discipline, for example by analysing mentalities and shifts in scientific paradigms. Medical humanities should be focused on clinical practice. My own research and teaching is focused on the correspondence between the art and the science of medicine. Has this balance changed over the centuries? What is practically included in the art of medicine? In my opinion the art of medicine is based on understanding of the human being. The historical study of medical practice may give an understanding of everyday ethical considerations, Even in the new millennium historical wisdom can have clinical relevance. The holistic view of the Coic medical school in ancient Greece, the antidogmatic works of Paracelsus in the 16 th century, the action of a peripheral medical practitioner during the therapeutic nihilistic period 1830-1850 and the thoughts of Sir William Osler can all give us helpful advises.

MONIZ, LOBOTOMY AND THE NOBEL PRICE 1949.

C-M Stolt, Stockholm, Sweden.

The purpose of this study was to analyse the decision to award the Nobel Price to Egas Moniz 1949. Therefore, I have studied documents in the Archive of the Nobel Foundation, at the Karolinska Institute, Stockholm.

Moniz method, prefrontal leucotomy, was introduced 1936. Before that, he made an important contribution to medicine by introducing angiography of the brain vessels. He was suggested to the Nobel Price several times : 1928, 1933, 1937, 1944 and finally 1949. In the judgement of his scientific work, the Swedish neurosurgeon Herbert Olivecrona 1937 avoided to discuss leucotomy. In 1944, the Swedish neurologist Essen-Möller had critical comments to the original work of leucotomy by Moniz, especially the short follow-up time and the poorly defined patient-material.

When Olivecrona 1949 made a new review, he suggested that Moniz should be awarded the Nobel Price. What had changed from 1937 and 1944 ? In front of all : the experience of the method all over the world had increased significant and, therefore, Olivecrona now found it suitable to recommend that the price should be given to Moniz. Olivecrona did not at all discuss the philosophical and ethical perspectives of the method. Perhaps, this is the most interesting conclusion in this study : fifty years ago a paternalistic perspective was in focus and no one raised the question: who wants to be released from psychiatric disease and severe anxiety to the price of a new and emotionally incomplete personality ?

OTTO ENGSTROM AND HIS COLLECTION OF OLD MEDICAL BOOKS AT THE HELSINKI UNIVERSITY LIBRARY.

H.Strandberg, Helsinki, Finland.

Nearly a century ago professor Otto L. Engström and the private Engstrˆm's Hospital in Helsinki, Finland were well known. But now it is justified to ask, who was Engstrˆm and what is the Engstrˆm's collection? Engstrˆm was born in 1853 and he became a doctor in medicine at the University of Helsinki in 1882 and started to work with operative gynaecology and obstetrics and became an associate professor in 1892 with obligation to teach gynaecology and obstetrics at his private clinic. His " Mitteilungen aus der Gynaekologischen Klinik von Prof Dr. Otto Engström " published from 1897 until 1911 was a well-known periodical in Europe. Engström died in 1919, at an age of 66 years.

After his death, the Helsinki University Library got his large valuable collection of old medical books. Mainly the books in the collection describe the development of gynaecology and obstetrics during 400 years, from the beginning of the fifteenth century, until the discovering of the X-rays and the appearance of radiotherapy. Most of the books are written in French but there are also many German books. The oldest books origin from the beginning of the sixteenth century but even literature from the seventeenth and eighteenth centuries are found among the midwifery and obstetrical literature.

But even well known, medical rarities and books on the history of gynaecology and obstetrics, like literature on Soranus and books written by Semmelweis and the history of medicine have interested him. There is also a small collection of medical dissertations in Latin from the seventeenth and the eighteenth centuries.

Today, the Engström's collection, at the Helsinki University Library, is less known, but a real mine of information for research on the history of medicine.

HARVEY W. CUSHING AND HUNGARY.
A.Szàllàsi, Esztergom, Hungary.

Harvey W. Cushing, one of the founding fathers of modem brain surgery, visited Hungary on three occasions. In 1909, Professor Cushing, then of Johns Hopkins University, Baltimore, Maryland, was among the more than 200 American physicians to visit the 16 th International Medical Congress in Budapest, Hungary. He gave a beautifully illustrated talk, entitled " Partial hypophysectomy for acromegaly with remarks on the function of hypophysis ". In 1929, Cushing, already of Harvard University, Boston, Massachusetts, paid another visit to Hungary, however, he did not give any talks on this occasion. His third and final visit was, in 1931, to receive a honorary ("honoris causa") degree from the Pàzmàny Péter University, Budapest. Cushing had a correspondence with several Hungarian professors, including the neurologists Kàroly Schaffer and Làszlo Benedek as well as the ophtalmologist Emil Grosz. Unfortunately, the letters written by Cushing to Benedek disappeared during the

2nd World War. When Cushing died in 1939, he was remembered by Emil Grosz in an obituary published in the Hungarian medical weekly, Orvosi Hetilap, as the greatest brain surgeon.

T

A LATE 19TH CENTURY VIEW ON NURSING SCIENCE.
M. Tallberg, Helsinki, Finland.

There was a movement in "nursing science" in Germany in the late 19th century. The main advocate for these ideas was Martin Mendelsohn a physician and an associate professor at the University of Berlin. In his opinion "Krankenpflege", nursing in German, could be divided in three various disciplines : 1) "Krankenversorgung" - taking care of ill people ; 2) " Krankenwartung " - giving service and housekeeping ; 3) " Hypurgie " - the science of nursing. What did Mendelsohn mean by Hypurgie ? He saw it as a scientific and therapeutic method. The hypurgie is " the science and art in using supportive facilities ".

Mendelsohn divides the care in material and immaterial methods. He points out that "the material" is not the most important, the significance is in "the caring". All interaction is care and it depends on the nurse's personality - if she has a natural ability, she can improve it, but it's not possible to create. Therefore he thinks it's mistaken that mercy, beneficence and compassion are required in nursing - he express that a scientific patient care do not have anything to do with these very worthy and noble characteristics. If nursing signify the loveliest vocation for your fellow-being than it is a humanistic work, but it has nothing to do with science.

An analytical historical approach, with comparisons to Florence Nightingale's and other contemporary authors, as well as nursing views of today, will be used. As sources various writings by Dr. Mendelsohn, and nurse writers are utilized. The Greek word

"hypurgy" and its interpretations will also be discussed.

WITCHES, WOMEN, AND HEALING: FROM HERBS TO FETAL MONITORS.
L. Thompson, Boca Raton, Florida, U.S.A.

Western Cultures have a tug-of-war history with regard to how women should give birth. Early healers were female. Images of Panacea and Hygeia are less known than Acsculapius. A look at fifteenth century German woodcuts reveals that birthing positions were not lithotomy oriented. These birthing chairs allowed the parturient woman to have power over her process both with regard to communication and her body.

During the Renaissance. physicians and the Church put pressure on those traditional healers, accusing them of being witches. Kramer and Sprenger, Dominicans who wrote the Malleus Maleficarum, stated that midwives caused the greatest danger to the church. Others believed that "good witches" or healers were far more dangerous than "bad witches" because they were competing with divine healing power. The image of "witch" in Western art reflects an agenda that focuses on aging changes Such as-kyphosis, edentulous dentition and subsequent loss of vertical dimensions of the face, and other bony atrophies or arthritic changes.

Enlightenment women sought the technology of forceps, hospitals and professional male doctors or male midwives for easing the birth process. Cultural conventions opposed the idea that a man Could look at the most intimate parts of a woman's body. French and English art document these attitudes in a satirical fashion.

When anesthesia was introduced as a means to allay suffering, a moral dispute argued that pain was necessary in childbirth because of biblical pronouncements. Nineteenth century drawings and paintings show a brief history of laughing gas.

Modern images go beyond the exterior and doctor/patient relationships. They focus on interiority of a woman's body and the medicalization of childbirth. From chemical indications of pregnancy, to ultrasounds and fetal monitors, these technologies

frame the progress of the embryo, from conception to delivery. The data, distributed via printouts. is now framed in the complexity of computerized language and digital images.

Interestingly, a trend in home births as well as family attendance in hospital birth suites has produced kinetic images from cam recorders. This represents a blend of ancient and modern tradition.

LA DÉCOUVERTE EN 1900 DE " BIOS " (COMPLEXE VITAMINIQUE B) PAR UN ETUDIANT EN MEDECINE BELGE, E. WILDIERS.

J.-P. Tricot, J. Wildiers, Univ. Leuven, Belgium.

En 1900, Eugène Wildiers (1878-1908), jeune étudiant belge d'origine anversoise à la faculté de médecine de l'Université Catholique de Louvain apporta dans les laboratoires des fermentations et de biochimie de cette ville une correction ma jeure aux lois de Pasteur. Il démontra expérimentalement sur des levures que si l'on faisait disparaitre certains éléments très subtils par décomposition ou par stérilisation, la croissance et la vie animale et humaine devenaient impossibles et que la maladie et la mort s'en suivaient. Cette substance, appelée par Wildiers " Bios " en 1900 (année durant laquelle il obtînt son diplôme de docteur en médecine) et selon lui de nature organique azotée et soluble dans l'eau, serait rebaptisée " vitamine " par Funk en 1912. On déterminera ensuite que les facteurs de croissance qu'onretrouve dans Bios appartiennent tous au complexe vitaminique B.

Pasteur avait établi comme loi dans son mémoire magistral paru en 1868 sur la fermentation alcoolique que la levure n'a besoin pour vivre et fermenter que des éléments suivants - cendres de levure, sel ammoniacal, sucre fermentescible. Ceci avait déjà été contesté par Liebig, qui était toutefois trop âgé pour s'engager dans une polémique. Le manuscrit du mémoire original de Wildiers " Nouvelle substance indispensable au développement de la levure ", rédigé en 1900 ne serait pas couronné au concours de l'Etat Belge pour l'obtention de bourses d'études, mais fut publié l'année d'après dans la revue " La Cellule ".

U

HISTORICAL DEVELOPMENT OF EDUCATION ON MEDICAL HISTORY AND ETHICS/DEONTOLOGY AT THE ISTANBUL UNIVERSITY.

Nuran Yildrim, Yesim Isil Ülman. Istanbul, Turkey.

This paper is prepared lit order to put forth the historical development of the medical history and deontology education. and demonstrate its present situation lit the oldest university of Turkey. Additionally, we hope to determine Turkey's place lit view of medical history, teaching by exchanging information presented by out- colleagues.

Istanbul University has two medical schools. namely Istanbul Medical Faculty (1927) and Cerrahpasa Medical Faculty (1967). The Ottoman State Archive documents proved that medical history education at the Istanbul University started lit the 1856-1957 academic year, through the systematical research of the State Annuals, the Military Annuals and the Educational Annuals of the period. The chronological list of professors teaching medical history and deontology was determined. The medical deontology courses were first covered lit the school curriculum in 1876 and they were taught by Roussignan Effendi. These Courses started to be given by Zoeros Pasha together with the medical history lit 1902. Since then, the two courses have been lectured as a whole.

and the- arc under the responsibility of the Medical History and Ethics departments at both faculties. Précis de Déontologie Médicale, Cours Elémentaire professé à l'École Impériale de Médecine de Constantinople (Constantinople, 1877)- written by Nouridjan Effendi who taught this course between 1877-1881 is a textbook based on this lessons which gives its idea on the medical deontology curriculum of the period. This book is the third work of history published on medical deontology. Zoeros Pasha's coursebook in our archive brings also into light the main subjects.

Today, the Department of Medical History and Ethics at the Istanbul Medical Faculty is administered by Prof Dr. Arslan Terzioglu and the Department at Cerrahpasa Medical Faculty by Prof. Dr. Nil Sari. Both departments have medical history museums of their own.

ATATURKREFORM'S 1933 UNIVERSITY.

D.Üvey, A.N. Gökçe, Istanbul, Turkey.

One of the most important reforms of the Turkish Republic's founder Mustafa Kemal Ataturk was the university reform in 1933, which was realized on the 10th anniversary of the republic. Raising the scientists of the future, bringing the Turkish science to the modern civilization level, was one of Ataturk's foremost ideals.

In 1929, the minister of education Dr. Resit Galip, requested Prof.Dr. Albert Malche dean, at the university of geneva, to prepare a report for the reform studies in 1931, in order to realize the university reform Ataturk had desired. Dr. Malche who came to Turkey in 1932, suggested in his report that professors from west european universities should be appointed and this suggestion was accepted by law (Number 2252) on 31st May 1933.

After a meeting held on the 6th july 1933, the agreement for calling 30 german professors was signed and studies started with a ceremony.

Apart from German professors, many scientists, artists and medical professors who had escaped from Austria, Czech Republic and Hungary came to Turkey and started to work at the

Istanbul University and the Refik Saydam Institute and Numune Hospital in Ankara. Many German clinics professors' like Nissen, Freank, Igersheimer, Liepmann, proved themselves with their successful works in the field of medicine, starting from 1933.

Since the 1933 university reform, thousands of members of the academic carrier graduated and took responsibility in the several Turkish Universities of the present day the role of Ataturk in Turkey's reaching the levels of modern civilization is unforgettable.

V

LOOKING FOR AN EFFICIENT TREATMENT IN PSYCHIATRY (2) : THE INTRODUCTION OF CHLORPROMAZINE IN A BELGIAN PSYCHIATRIC HOSPITAL. R. Van Wijnendaele and J.-N. Missa, Brussels, Belgium.

The introduction of the first psychotropic drug, chlorpromazine, is usually seen as a brutal revolution after a period. of therapeutical nihilism. We have reviewed the first papers about chlorpromazine and we have studied patient records from a Belgian psychiatric hospital " Centre neuro-psychiatrique Jean Titeca " in order to understand this therapeutical revolution in psychiatry. We have found that chlorpromazine was seldom used in the fifties. In the " Centre neuro-psychiatrique Jean Titeca ", the neuroleptic revolution was not so rapid. Shock treatments were widely used and remained for a time the treatment of choice.

A LINCOLNESQUE FIGURE : E. V. Mc COLLUM.

F.G.Vescia, Palo Alto, California, U.S.A.

Less acclaimed than heart transplants or genetic engineering, advances in Nutrition in the 20th century were responsible for saving and improving countless lives. Among those who played a very important role in that field was Elmer V. McCollum, discoverer of vit A, some of the B vitamin fractions and vitamin D. The work leading to those discoveries is fully detailed in the publications of the author, less known are the details of Dr. McCollum the man, the subject of this presentation.

MEXICO-UNITED STATES OF AMERICA COLLABORATION IN PUBLIC HEALTH PROGRAMS AND ACTIONS : 1890-1910.

C.Viesca, A. Aranda, M. Ramos, G. Sánchez. Brasil 33, Col. Centro. Facultad de Medicina. UNAM. México, D. F.

In the last years of XIXth century starts a rich collaboration between México and the United States of America, in Public Health.

In those years, the fight to set on the limits of this new field and determine the best ways to develop Public Health Politics. The danger of epidemic transmission across the borders orient the necessity to work jointly and this was the job for the General Surgeon Dr. W. Wyman and Dr. E. Liceaga, President of the Consejo Superior de Salubridad.

They contributed with bilateral planing about yellow fever, and bubonic pest among others illnesses and finally to construct an international organization which became the Panamerican health Organization.

HEALERS AND HEALING IN EARLY GREEK EPIC POETRY.

H. Von Staden, Princeton, New Jersey, USA.

At the beginning of the long, rich history of ancient Greek literature, we already encounter a nuanced series of depictions of healers and of acts of healing. This paper re-examines the earliest such ancient Greek literary evidence, viz. the two Homeric epics (the Iliad and the Odyssey). Perhaps in part because it is a poem of war, the Iliad offers much more ample evidence than the Odyssey, but both of these poems of the archaic period of Greek culture offer significant -- and profoundly influential -depictions of healers and healing. The analysis offered in this contribution therefore draws on both epic poems.

Among the questions explored are the depiction of the social status of healers in Homeric poetry, the value terms used in Homeric accounts of healers, the functions exercised by Homer's healers, differences in the poet's portrayals of Greek and foreign healers, and certain divergences in the images of healers in the Iliad and Odyssey, respectively. A final part of the paper examines some affinities and discontinuities between Homeric and Hippocratic images of healers.

HISTORY OF MALARIA IN FINLAND.

H. S. Vuorinen, Helsinki, Finland.

The purpose of this study is to outline the history of malaria in Finland. The material for this study consists mostly of contemporary medical literature and statistics. A special problem exists in the use of literary evidence in Finland: the gentry (including the few doctors in the country) was Swedish speaking but most of the common people were Finnish speaking. Lay people took care of sick persons because

the number of academically trained physicians was small in the country up to the 20'" century. Intermittent fever (like malaria) had many names in Swedish and the usual names in Finnish were wilutauti and horkka in the 18' and 19' century.

Malaria was common in Finland in the years 1749-58, 1774-1777, 1812-16, 1819-21, 1830-32, 1846-48 and 1853-62. Already during, the 19th century it was noticed that the prevalence of malaria varied greatly in the course of years. Most of the cases of malaria were noticed in spring and in autumn, especially after a hot summer. The islands of Ahvenanmaa (Aland islands) in southwestern Finland were the most severely affected area during the 18' and 19' century. Contemporaries considered malaria a common disease but quite a rare cause of death. Death due to a generalized oedema was regarded as a typical sequel of malaria.

Malaria practically disappeared from Finland in the early 20' century, However, there was a severe malaria epidemic in Finland in 1945. During this epidemic it was established that malaria parasites had a long Incubation period (wintered) in affected persons and caused the disease in the following spring. Finland was the northernmost country to have endemic malaria. Malaria in Finland was probably caused by Plasmodium vivax. There are two possible explanations for the existence of malaria in Finland: 1) it was repeatedly imported or 2) it was genuinely endemic.

W

LA PHYSIONOMIE DANS L'HISTOIRE DE L'ART ET LA LITTERATURE JUSQU'AU DIX-HUITIEME SIECLE.

J. Willemot, Gand, Belgique.

L'auteur présente quelques exemples de physionomie et de physiognomonie dans l'art et la littérature jusqu'au dix-huitième siècle.

La Bible use souvent du mot visage. La reproduction de la section de l'oreille de Malchus sera maintes fois réalisée. Dans l'Egypte Ancienne, le visage est représenté de profil mais l'oeil et le sourcil de face; son étude permet parfois d'identifier une ethnie ou origine sociale. La Grèce Antique sera évoquée avec Homère, Sémonide, Phocyclide, Pythagore, Zopyre, Périclès, Polyclète, Phidias, Praxitèle, Théophraste et Euclide.

Suivent Cicéron et les poètes romains, Vitruve, Plutarque et Suétone sans Oublier le bel Antoneüs. Les canons de Villard sont cités. Michel-Ange peint deux satyres. Indagine et Coclès sont moins connus qu'Arcimboldo. Le Nombre d'or de Paccioli inspirera De Vinci pour le portrait d'Isabelle d'Este.Durer et ses mensurations, Bosch et les Colloques d'Erasme suivront. Rabelais nous mène à la littérature et les dessins de Holbein sont magistraux. Porta étudie l'expression par comparaison aux animaux. Rubens savait aussi dessiner. Pour Cureau de la Chambre "L'art de connaître les hommes" nécessite un don d'observation. Voltaire n'est pas oublié. L'étude de

Charles Le Brun rappelle celle de Porta. Suivent La Fontaine, La Bruyère, Buffon, Diderot et d'Alembert. La réputation de Lavater est-elle justifiée ?

Charles Bell donnera àses expressions une base anatomique.

I HAVE YOU IN MY EYE : FRANCIS WILLIS AND THE MADNESS OF KING GEORGE.

M. Winkler, UTMB, Galveston, Texas.

In The Madness of King George, Alan Bennett creates an adversial relationship between the physician Francis Willis and his patient King George III. At issue is authority and the power inherent in looking. This paper will compare the historical record of the III relationship to that constructed for the film.

Y

HISTORY OF MEDICAL ETHICS IN RUSSIA.

M.Yarovinsky, B.Lichterman, Moscow, Russia.

Evolution of medical ethics in Russia was determined by several factors. First, it developed relatively late. Russian medical doctors with university degrees appeared only In the XVI I Ith century after the politics of westernization by Peter the Great

(1672-1725). Russian medical ethics starts from Dr. Matvei Mudrov (1776-1831) who was a first interpreter of Hippocratic works from Ancient Greek into Russian. His credo was <do treat not a disease but a patient>>. Second, when serfdom was abolished in 1861 medical care in rural regions was provided by zemstvos (local elected councils). Zemskie medical doctors had idealistic views of self- sacrificing for the service to the society and to the people. Medicine as money-making activity was criticized and ridiculed in Russian literature (see Chekhov's novels, for example). On the other hand, while dealing with illiterate peasants paternalism was a necessity. This tradition had a profound impact on Russian medical ethics. Third, Russian medical ethics bears a heavy mark of seven decades of communist regime. In 1918 Health Care Commissariat (ministry) was formed. It was headed by Nikolai Semashko (1874-1949) who claimed that " ethics of Soviet physician is an ethics of our socialist motherland, an ethics of a builder of communist society; it is equal to communist moral ". Common interests were declared superior to the private ones and medical confidentiality was viewed as a bourgeois survival. On the other hand diagnosis was normally not disclosed to a patient in case of an incurable disease (especially cancer). " Medical ethics " had been avoided until late 1930s when it was replaced by " deontology " (the word was coined in the beginning of XIXth century in England by J.Bentham). There were five All-Union conferences on medical deontology since 1969. Finally, " medical deontology " was abandoned in favor of "bioethics " in post- communist Russia. National Committee on Bioethics was formed but ethical committees at local level (at hospitals and research Institutions) are non-existent. Most medical doctors are unaware of modern norms of medical ethics. This is a direct result of low level of teaching bioethics at medical schools.

THE SACRED DISEASE OF CAMBYSES II.

G.K. York and D.A. Steinberg, Fiddletown, California, U.S.A.

This study examines one of two extant references to the sacred disease in pre-Hippocratic Greek writing as an example of the transition from supernatural explanations of the natural world to naturalistic views of it.

At Herodotus III, 33, the Persian king Cambyses II was reported to be cruet, blasphemous and mad. Herodotus, writing eighty years after Cambyses's death, attributed the king's mad acts either to his blasphemous killing of a divine bull or to disease, reporting that he was "afflicted from birth with that grievous disease which some call sacred. It is no unlikely thing that, when his somatos was grievously afflicted, his phrenes too should be diseased". In classical antiquity, popular writers called many diseases sacred. By comparison, medical writers followed the writer of the Hippocratic text On the Sacred Disease in using the term to refer to what we might now recognize as epilepsy, broadly defined. Herodotus seems to follow the medical usage, suggesting that he thought that the Persian king had a childhood epilepsy.

Herodotus's account of the sacred disease of Cambyses 11 shows that he did not fully accept either the Hippocratic perspective that regarded disease as a somatic affliction, or the older view that it is the result of supernatural agents. The appearance of natural causation, an essential prerequisite for the development of science, in the history of Herodotus places him in the vanguard of the naturalistic tradition which was then appearing in classical Greece.

Z

THE ROLE OF SOCIAL ORGANIZATIONS IN TUBERCULOSIS CONTROL IN THE EARLY 1900'S.

M. Zacks. UTMB, Galveston, Texas, U.S.A.

The purpose of this study was to evaluate the relationship between the medical infrastructure and philanthropic, social and labor organizations in the prevention and/or treatment of tuberculosis in the early 1900's. A significant body of literature exists on the history of tuberculosis in New York City. This paper will focus on tuberculosis among the foreign born in Boston, Massachusetts.

Historical materials were collected from diverse sources, specifically historical archives, published manuscripts, unpublished doctoral dissertation research as well as interviews with tuberculosis sanitorium patients, labor organizers, and medical care givers. This inquiry revealed that an interconnected network of organizations responded to the problem of tuberculosis among the immigrant population. The factors that precipitated a social response to this disease as well as the development of new organizations, particularly the National Tuberculosis Association, will be discussed.

During this time period, tuberculosis was considered to be predominantly an industrial disease. Thus statistical information on the incidence and prevalence of disease were often collected or published outside the direct realm of the medical and public health infrastructure via governmental labor agencies and/or insurance companies. Further, tuberculosis was predominant among the foreign born living within restricted geographical areas. Therefore, it was not considered to be a significant problem in the general populace of Boston. As a result, a variety of local organizations contributed to the control of the disease in Boston and the neighboring communities through philanthropy, social advocacy, provision of medical services and physician recruitment as well as the establishment of new hospitals.