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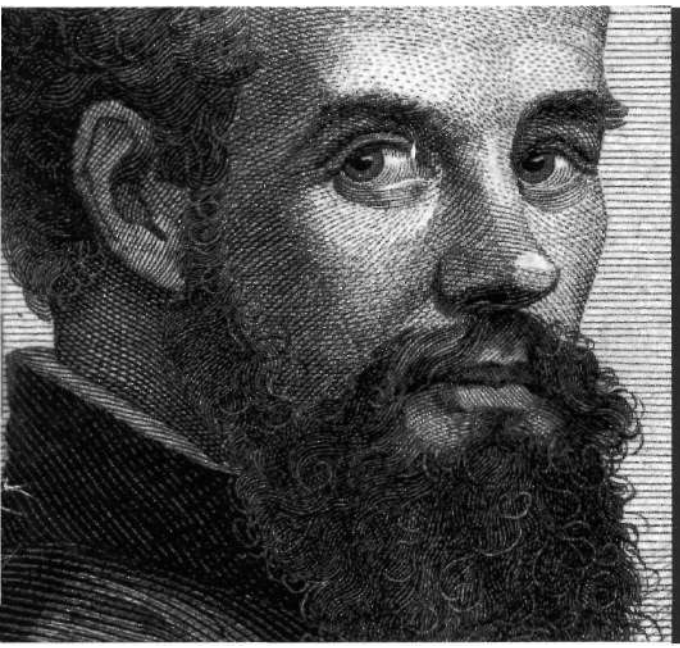

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Editorial

A perusal of the proposed programme for the 38th International Congress on the History of Medicine, to be held in Istanbul between 1-6 September 2002, gives much food for thought in these troubled times.

The programme includes an invitation to come to the Congress, extended by its President, Professor Nil Sari. In this she described Istanbul as a gateway between the East and West, a city that has attracted many people for centuries.

Image conjured up by the words East and West, have changed markedly in the last two or three months of this year. Such images at present include all the horrors of modern and of old fashioned violence. With such visions, we need the perspective that history can offer to reassure us that, in more favourable circumstances, different cultures can interact in a positive rather than a destructive way.

The programme for the Congress lists five main topics or themes. The first of these is a reappraisal mediaeval medicine, looking for the common features, values and standards in Islamic and European medicine. In preserving and developing the heritage of Greek medicine their contributions can be seen as complimentary. It is hoped that papers in this session will also provide a chance to look at medicine in mediaeval times in parts of the world which were neither European nor Islamic.

Another topic is the relation of Turkish medicine and the medicine of Eastern and Western worlds in the past. This allows an exploration of interactions within the Ottoman Empire between people and ideas draw from the continents of Africa, Asia and Europe.

A third topic is the Near East, the cradle of many civilisations, and its physicians, surgeons and pharmacists.

I n all these topics, the congress offers chances for East and West to come together in the context of a common interest in the history of medicine. In looking for similarities as well as differences between cultures and origins, there will be opportunities to build friendships and to increase mutual understandig. It is in making the most of such gatherings that our futures lies.

We hope that 2002 brings a peaceful resolution of the violence in the areas where East and West are currently in conflict and we wish the Congress in Istanbul in September every success.

David Wright
Review Editor

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Captain Cook's antimony Cup, Vesalius, VII, 2, 62 - 64, 2001

Captain James Cook's Antimony Cup

R I McCallum

Summary

Medicinal cups made of pure antimony metal were once common but are now rare and only about ten have been described. An unusual cup which belonged to Captain James Cook, the explorer, which has not previously been reported in the medical literature is described here.

Résumé

Les gobelets médicinaux fabriqués en antimoine pur étaient autrefois courants mais sont actuellement rares, et près de dix seulement ont été décrits. Un gobelet extraordinaire qui appartenait au Capitaine James Cook, l'explorateur, et qui jusqu'ici n'a pas été présenté en littérature médicale, est décrit ici.

Introduction

Antimony cups are rare artefacts which were popular in Europe during the 17th and 18th centuries.. They were used by allowing wine to lie in them overnight, during which tartaric acid in the wine formed tartar emetic, the drinking of which produced sweating, vomiting and diarrhoea depending on the dose. The concept dates back to Roman times when *pocula emetica* or *calyces vomitorii were* used to induce vomiting after heavy eating (1). Antimony in various forms had for a long period the reputation of being a panacea particularly in the treatment of fevers. It has been suggested that antimony in the form of a cup made of the metal or regulus was used as a means of overcoming the bad reputation which the widely prescribed and toxic antimony compounds had acquired. Six antimony cups in the UK, all in London, have been described, and there are two in the Netherlands (Amsterdam and Leiden), one in Basel, Switzerland and one in Italy in the former papal palace in Ariccia (2,3). Another one in London , which has not been described in the medical literature, is believed to have belonged to James Cook (1728-1779) the English navigator, and is in the National Maritime Museum at Greenwich, London. Cook was born in Yorkshire and entered the navy in 1755. He was engaged in surveying the St Lawrence Riverduring the Seven Years War and afterwards surveyed the Coast of Newfoundland. Subsequently he commanded three voyages of scientific exploration to the Pacific. He sailed extensively to St Lawrence and Newfoundland, New Zealand, Australia, New Guinea, Java and the Cape of Good Hope. In 1772-5 he was in the Antarctic, and laterTahiti and the New Hebrides. His final voyage was to the Pacific Islands and the west coast of north America and Hawaii where he was killed. He did more than any other navigator to add to knowledge of the Pacific and the Southern Ocean, and he was noted for his care of his crew's health by insisting on good hygiene and diet. After experience of the disastrous effects of scurvy on earlier voyages Cook reacted by insisting on his men taking antiscorbutics with excellent results.

RI McCallum, 4 Chessels Court, Canongate, Edinburgh EH8 8AD, Scotland

Fig 1. The antimony cup and its case. Courtesy, National Maritime Museum, Greenwich

There appears to be no reference to the cup in Cook's journals but why would he have wanted such a device ? During his third voyage in 1773 Cook is recorded as being unwell on two occasions with stomach trouble which included vomiting, constipation and sweating (4) suggesting intestinal obstruction. In February 1774 on his way to find Easter Island he was taken ill with a bilious colic which soon resolved. It has been suggested (5) that Cook had a parasitic intestinal infection with roundworm *(ascaris)* perhaps resulting from an earlier voyage. Organic compounds of antimony have been used in the 20th century for the treatment of the protozoal infestation leishmaniasis (Kala-azar), and formerly for schistosomiasis (bilharziasis) but not for ascariasis (roundworm) infection. Dr James' powder which contained antimony oxide was prescribed for fever by the surgeon on the *Adventure,* the companion ship to Cook's, but there is no account of the use of an antimony cup. It would be most likely to have been carried by Cook as a non-specific form of treatment but it could also have been for use in gastrointestinal symptoms associated with worm infestation. I have had the interesting suggestion that Cook may have had the cup as a treatment for scurvy, on the basis that John Quincy (6) mentions *antimony panacea* as a treatment for, amongst other things, scorbutic conditions. However I think that this is reading too much into his comments, and antimony was recommended for the treatment of everything at one time or another. In any case it seems clear that Cook knew the importance of diet above all else in the treatment of scurvy, and I know of no evidence that he himself suffered from it.

The Antimony Cup (TOAOH3)

The cup (Fig 1) was identified as being made of antimony by the Department of Metalwork of the Victoria and Albert Museum in 1980 although it is not stated whether the cup was chemically analysed. Where this has been done (1,2) the composition of the cup has been found to be similarto highly pure commercial antimony metal (regulus). Cook's cup is ornate and unique in design and raises questions as to how it was cast which must have been quite difficult. It is in very good condition and unlike most of these cups the base is the only part which is damaged. It is approximately 6.25 cms (21/2 inches) high, and 7.8 cms (31/8 inches) in diameter at the top. It has a fine rim, and below the curved body there is a series of finely moulded acanthus leaves round the waist. It ends in a flat rimmed pediment which has suffered some damage in one section. This is useful, as where a piece of the lip of the base has broken off it is possible to see the characteristic crystalline structure of antimony metal, suggesting that it is like other such cups made of a highly pure regulus. The inside shows no obvious evidence of use. It has a tooled leather case showing marked signs of wear with a neat brass handle at the top. The interior of the case is lined with marbled paper and a green cloth fabric on top of that. The cup

Fig 2. Showing base of the cup with broken pediment and crystalline structure of antimony regulus.
Courtesy, National Maritime Museum, Greenwich

was exhibited at Chelsea Royal Naval Exhibition in 1891 by the 7th Viscount Galway as being used by Cook during his voyages, and at the National Maritime Museum in July 1984 and April 1990.

Provenance

The Museum records show that it was acquired on loan in 1983 from Lady Rowley, daughter of the 8th Viscount Galway, Governor General of New Zealand whose family had owned it for many years and regarded it as a pewter communion cup. Lady Rowley's ancestor General Robert Monckton was General Wolfe's second in command at Quebec where Cook was involved in the St Lawrence Expedition of 1759 under the joint command of Admiral Sir Edward Saunders and General James Wolfe, with afleet of 35 ships of the line, some smaller men of war and transports (4). The cup may have been amongst Cook relics bought by the 5th Viscount Galway between 1815 and 1830 from the sale of the effects of Admiral Isaac Smith (d. 1831), a nephew of Mrs Elizabeth Cook, who sailed on Cook's first two voyages and was skilled as a surveyor. He was the first European to land in New South Wales, and was the companion of Elizabeth for most of her widowhood.

Acknowledgements

I am indebted to DrLayinka Swinburne, of Leeds for drawing my attention to this cup and for her comments on the text, and to Barbara Tomlinson, Curator Antiquities, and the staff of the National Maritime Museum, Greenwich for their help. I also wish to thank Sir James Watt KBE for helpful comments. The provenance of the cup was the subject of research by Rina Prentice of the National Maritime Museum in 1983.

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Biography

ft *Ian McCallum CBE MD DSc FRCP FFOM FSA Scot. Emeritus Professor of Occupational Health and Hygiene, University of Newcastle upon Tyne. Honorary Consultant in Occupational Medicine at the Institute of Occupational Medicine Edinburgh. Until retirement from his university post, concerned mainly with pneumoconiosis, chemical toxicology, and compressed air work and diving. Now studying the Scottish alchemists of the 17th century. Author of Antimony in Medical History (1999)*

Georges Bizet est-il mort d'un rhumatisme articulaire aigu ?, Vesalius, VII, 2, 65 - 66, 2001

Georges Bizet est-il mort d'un rhumatisme articulaire aigu ?

R. Trêves et D. Larroque

Résumé

Comme peut-être pour Mozart (1), ou encore Malher (2), Georges Bizet est peut-être mort d'un rhumatisme articulaire aigu (R.A.A.) ou de ses conséquences.

Summary

As perhaps in the case of Mozart (1) or Mather (2), Georges Bizet may have died of an acute articular rheumatism or of its consequences.

Georges Bizet est connu surtout pour *Carmen,* l'opéra le plus joué dans le monde, qui lui valut pourtant les injures ignominieuses de ses contemporains. Il meurt 3 mois après la houleuse première, le 3 juin 1875, après un bain dans la Seine à Bougival. Il n'en fallut pas plus pour faire accroire l'idée d'un suicide.

En réalité, nous savons par de nombreuses sources, dont ses lettres (3,4) et la correspondance de Ludovic Halevy, cousin de sa femme Geneviève, que Bizet fut atteint, très fréquemment d'otites et d'angines fébriles compliquées de «douleurs rhumatismales» qui l'obligeaient parfois à s'aliter, surtout à partir de 1859 ,à l'âge de 21 ans :

«Octobre 1859, l'homme propose et Dieu dispose. Donc, au moment où je comptais quitter Naples, j'ai été collé au lit par un magnifique rhume accompagné de grippe, mal de gorge, douleurs etc.. le diable quoi [...] j'ai un peu maigri [...].

Il compte ses angines *«une onzième que je combats assez victorieusement»* (été 1871) et se plaint douloureusement *«C'est fini d'hier ; jamais je n'ai autant souffert ! C'est horrible. J'ai eu des douleurs névralgiques dont j'ai cru mourir (1872)».*

Guiraud et Galabert, deux de ses plus intimes amis, écrivent un article posthume paru dans Le Passant en 1888 : *«Dans l'été 1868, il [Georges] fut atteint d'une angine».*

Nombreux sont aussi les témoignages sur l'état de santé de Bizet jusqu'au récit de sa mort. L'échec de Carmen* (avec la légende du chiffre 3 maudit) le plongea dans le désespoir, surtout à cause des critiques contre une oeuvre qui annonçait comme la Traviata de Verdi (pourtant présentée à Paris en 1856) un changement conceptuel des ressorts dramatiques.

Le récit des derniers jours de la vie de G. Bizet (mai-juin 1875) a été souvent relaté : le vendredi 28 mai, les Bizet vont à Bougival, dans leur propriété : Georges alla comme souvent se baigner dans la Seine et deux jours plus tard, selon les témoins, il est atteint d'une crise aiguë de rhumatisme avec fièvre, douleurs immobilisant bras et jambes selon Mina Curtis (5). Le lendemain, le Dr Clément Launay est appelé à son chevet en raison de douleurs cardiaques. Fébrile, mais temporairement calmé par un vésicatoire posé sur la région thoracique, il se plaint de nouveau d'une nouvelle douleurthoracique. Des

Richard Trêves, Faculté de Médecine de Limoges. Centre Hospitalier de Limoges, Avenue Martin Luther 2, 87042 Limoges Cedex, France

sueurs l'assaillent, puis il perd connaissance. A trois heures du matin, dans la nuit du lundi 3 juin au mardi 4 juin 1875, Ludovic Halevy alerté par Geneviève, la femme de chambre, ne put que constater que G. Bizet était mort. L'enterrement eut lieu le 5 juin 1875 en l'Eglise de la Trinité. On peut regretter que l'administration du «Père Lachaise» n'ait pas autorisé une exhumation.

Bizet a été atteint trois fois par an d'amygdalite ou angines, compliquées de «douleurs rhumatismales» comme celles de 1859. En mars 1875, très abattu, tant physiquement que psychologiquement par l'échec de *Carmen,* une dernière angine compliquée d'une otite l'affaiblit encore plus.

Certes, il est difficile d'affirmer que Bizet soit mort des suites d'un RAA, les critères de Jones étant difficilement remplis (il faut deux critères sur les cinq majeurs : cardite, polyarthrite, érythème marginé, chorée et nodules sous-cutanés ou à tout le moins un critère majeur et deux des cinq critères mineurs comme les antécédents de RAA, les arthralgies, la fièvre, l'inflammation biologique ou l'allongement de PR). La maladie avait été décrite par Jean-Baptiste Bouillaud avant 1815. Les enfants ont toujours été considérés comme les principales victimes mais d'authentiques observations ont été publiées chez l'adulte.

En conclusion, affirmer que G. Bizet est mort des suites d'une complication cardiaque (endocardite ?), d'un RAA est impossible (les arguments formels et les preuves font défaut, mais à cette époque les adultes ne paraissaient pas être exempts de cette affection alors qu'ils sont devenus l'exception de nos jours).

- Fait inhabituel, il reçoit chez lui, assis dans un fauteuil, se levant à peine, au point de tomber au sol. Alors qu'il se sent un peu mieux, commet-il l'imprudence du bain en eau fraîche à Bougival ? Ceci a peut-être précipité l'issue fatale avec ces étouffements, cette douleur thoracique. Nous manquons de ces détails jamais retrouvés, mais peut-être consignés par un médecin de Rueil...
- Un mystère demeure : pourquoi sa veuve affirma-t-elle, en 1926, qu'elle croyait que la cause de la mort était une tumeur de l'oreille qu'aucun chirurgien n'avait osé opérer. Personne, ni Guiraud, ni Gallet, ni surtout Ludovic Halevy qui le côtoyaient n'en ont jamais fait mention.
- Evidemment, dépassant les inévitables regrets causés par sa disparition et les discours d'usage ou sincères, devant 4.000 personnes, la gloire de G. Bizet ne vient pas de sa mort ou de son hypothétique R.A.A. (compliqué d'endocardite?) mais de son oeuvre, surtout de Carmen, oeuvre qui l'acheva.

**** Carmen fut créée le troisième jour du troisième mois de l'année. Trois mois plus tard, le 3 juin, Bizet succomba à une rupture d'anévrysme au moment où Mme Galli-Marie, chantant pour la troisième fois de l'année, le trio des cartes, au 3ème acte retournait la carte impitoyable qui dit toujours «la Mort !» selon Maurice Tassart.***

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Biographie

Richard Trêves est professeur de rhumatologie à la faculté de médecine de l'Université de Limoges (France) et chef de service de rhumatologie et de thérapeutique au CHU Dupuytren. Il est secrétaire général adjoint de la Société Française de Rhumatolgie et membre du conseil d'administration de la société d'étude et du traitement de la douleur. Titulaire d'un diplôme d'études appliquées en Histoire, R. Trêves est chargé de coordonner l'enseignement de l'histoire de la médecine.

Medicines in the correspondence of the Mozart Family

J. Nieznanowska

Summary

The most famous members of the Mozart family were musicians - not physicians. In spite of that, the family correspondence of the Mozarts contains much noteworthy information on 18th century medicine. It comes mainly from Leopold, the famous composer's father, which is why the vast majority of the medical data presented in the letters cannot be found in the popular editions of the correspondence. One of the medicine-related subjects usually omitted or presented briefly in such editions concerns the medicaments used in the Mozart family. Out of more than 100 remedies mentioned in the correspondence the article's author chose and described a few that seem to have played a particularly significant role in the life of the Mozart family.

Résumé

Les plus célèbres membres de la famille Mozart étaient des musiciens, non des médecins. Malgré cela, la correspondance familiale des Mozart mentionne beaucoup d'informations précieuses sur la médicine du XVIIIe siècle. Elles nous viennent surtout de Leopold, le père du célèbre compositeur, bien que dans la plupart des éditions populaires de la correspondence des membres de la famille Mozart les détails médicaux ne sont pas présentés. Un des sujets médicaux passé systématiquement sous silence ou présenté très brièvement est celui des médicaments utilisés par cette famille. Parmi plus de 100 médicaments cités dans les lettres, l'auteur de l'article a choisi un certain nombre, qui ont joué un rôle prépondérant dans la vie de la famille Mozart.

The most famous members of the Mozart family (1) earned their livings with music, not medicine; in fact, there had been no physicians among the ancestors and relatives of Wofgang Amadeus Mozart. Yet, documents, especially the letters left by the family, reveal much interesting information on 18th century medicine. Medical data contained in the family correspondence come mainly from the composer's father, Leopold (2); there are also several interesting medical letters written to Leopold by the authors from outside the family (3). Wolfgang referred to medical problems relatively seldom (4). For this reason, a vast majority of medical information cannot be found in the popular editions of the Mozarts' correspondence, which are aimed at readers interested in music and are focused on the letters written by the famous composer. One of the subjects commonly omitted or presented very briefly in such editions considers medicines used by the Mozarts. However, there are several complete publications of the correspondence, the most important being the critical edition of the entire epistolary legacy of the Mozart family, printed under the auspices of the International Foundation Mozarteum of Salzburg (5).

Joanna Nieznanowska
Zaklad Historii Medycyny i Etyki Lekarskiej,
Pomorska Akademia Medyczna,
ul. Rybacka 1, 70 - 204 Szczecin, Poland

There are 103 different medicines named in the correspondence, some of them being mentioned many times. Among them, we find

the references to over 30 therapeutic plants, four simples of animal origin and about 40 compound medicines. In addition, Leopold's letters contain 22 detailed recipes of remedies prescribed for him or his children during the family's artistic journeys (6). Detailed analysis of all these remedies would take a considerably thick book. In this paper, I would like to focus on a few medicines, which seem to have played a particularly important role in the life of the Mozart family.

Identifying the remedies referred to in the correspondence of the Mozarts is not always an easy task. First of all, their names often have little to do with the ingredients they were made of. Secondly, the 18th century pharmacy used nomenclature based on alchemy. To a great extent, the alchemic terminology has become extinct and its translation into the language of modern chemistry *or* pharmacy is sometimes very difficult. On the other hand, some of these terms and names have survived, but their meanings have changed. Thirdly, several prescriptions quoted by Leopold and from Salzburg doctors were written with the use of alchemic symbols, the meaning of which had been continually changing and was not uniform throughout Europe. (When suffering from a serious illness in London, Leopold had to ask his friend in Salzburg to consult a doctor and send him the needed prescriptions written in full text, because the local apothecaries could not decipher the alchemic code). Finally, the pharmaceutical market in Europe of that time was far from homogenous: medicines popular in the southern German lands and present in the pharmacopoeias of this region were often completely unknown somewhere else (7).

Different drug registers could also give varying recipes for a medicine known under a specific name. Nevertheless, the majority of medicines mentioned frequently in the correspondence can be found both in the 18th century medical manuals and in the most popular drug registers coming from the southern German regions: the *Augsburg Pharmacopoeia* (8), the *Mannheim Dispensatory* (9) and several variations of the Viennese pharmacopoeias (10).

Diet was one of the most important aspects of any therapy of that time. Some types of food were credited with healing properties equal to those of regular medicines; certain groceries were given to the sick and convalescent exclusively. Leopold regularly discussed the questions of a proper diet with his children, advising them which foods and drinks would suit their temperaments or improve their health. In the Mozart family, an everyday food supply was rather modest, with frequent fast days kept meticulously. In illness, severe dietary restrictions were common, although in some cases doctors recommended rich, nutritious meals (11). During convalescence, a special diet played an even more important role. According to Leopold, the menu of a convalescent patient had to include meals based on barley or rice gruel, and, particularly, sago (a kind of groats made of a grated trunk core of a sago palm, *Cycas circinalis).* In the Mozart family, the latter seems to have been used as a remedy only (12). Barley and rice, boiled into gruel were to moisturise and strengthen breasts affected with disease. Baked apples and lightly boiled carrots had similar properties. Also delicate meat, like veal or lamb (Leopold recommended the lungs as particularly healthy) was an important element of a strengthening diet (13). As to the therapeutic drinks, the most popular one was barley water: a stock of a brewery barley boiled with a liquorice root, anise and marshmallow root (14). Such a beverage was not only recommended in «breast affections» and other ailments, but used to feed infants as well (15). Another highly valued product was whey, a drink based on which was the main remedy prescribed for Leopold during his last illness, diagnosed as «spleen occlusion» (16).

According to the humoral theory, bad quality or improper proportions of bodily liquids were

regarded as the most basic causes of illness. The best way to prevent such pathologies was frequent elimination of the spoiled orsuperfluous humors, and for this reason, purgative remedies appear so regularly in the correspondence of the Mozarts. Commonly, the Mozarts started the purgative therapy with rhubarb, in the form of a powder, electuary or tincture (the latter being a non-alcoholic rhubarb infusion with the addition of wine-stone). However, the most effective remedy of this kind, according to Leopold, was the Viennese laxative water (17), a recipe which we can find in the Viennese drug registers (18). It consisted of senna leaves, wine-stone cream *(cremor tartans)* and Calabrian manna (that is, a solidified juice from the ash-tree); additionally, the *Austrian-Viennese Dispensatory* demanded Corinthian raisins, oaken polypody root and coriander seeds, while the *Austrian Provincial Pharmacopoeia* required star anise. The list of ingredients leaves no doubt that the Viennese laxative water deserved its name.

The medicines used most regularly by the Mozarts belonged to another group of drugs - the antispasmodic remedies. In modern pharmacology this term defines medicines which lower a pathologically high tension of the soft muscle fibres. 250 years ago its meaning was much wider and not as well defined. At that time, structural and functional differences between tissues (and in fact, the very notion of tissue as well) were still unclear. A spasm was usually defined as a result of a violent constriction of a whole body part or organ, in particular of muscles and nerves. Therefore, a very wide range of pathologies, including headache, toothache, colic pains, coughing, different types of skin eruptions, epilepsy, nightmares and many others, was believed to originate from a spasm of some kind (19). Antispasmodic properties were ascribed to a no less diverse range of simple and compound medicaments.

The antispasmodic medicine the Mozarts used most frequently was the black powder, present in the Viennese (20) and Mannheim (21) drug registers under the Latin name *pulvis epilepticus niger.* Apart from the different proportions of the ingredients, both dispensatories give almost an identical recipe for this medicine. It consisted of peony seeds and root (the latter being the basic ingredient of all epileptic powders), dittany root, eagle-wood, oaken mistletoe (since antiquity, mistletoe growing on an oak had been believed to possess special medical properties, but in the 18th century some writers were questioning this belief (22)). It also included red coral, white amber, sea unicorn (that is, narwhal's tusk) and linden charcoal, which gave the medicine its characteristic colour and name. Additionally, the Mannheim recipe required elk's hoof and mother of pearl. In the Viennese recipe, we find prepared pearls and 50 flakes of pure gold, the latter added after exact powderizing and mixing of other ingredients.

The black powder, mentioned 13 times in the correspondence (23), was recommended for epilepsy, convulsions, colic pains, nightmares, sudden fearand othersimilarcases. The Mozarts used it mainly as a remedy against fever - in 18th century medicine this term meant shivers. According to Leopold, the black powder could not decrease pathological body heat. In illness with a high temperature, he recommended another epileptic medicine - the margrave powder (24). This then widely known and popular remedy appeared in the Augsburg (25) and Viennese (26) pharmacopoeias and was recommended for apoplexy, epilepsy and nightmares, but also for «malign fevers», smallpox and chickenpox. According to the above pharmacopoeias, the margrave powder corrected improper brain humidity and drove a «corrupted» sweat away. The remedy's discovery is widely - and wrongly - attributed to the German chemist Andreas Sigismund Marggraf (1709-1782); the *markgrafen pulver* had been known and widely recommended long before his birth (27). Most probably, the remedy's name derived from its high price : apart from the recipe given in the

Tab. 1 Differences in the composition of the margrave powder

Disp. pharm. A – V	Pharm. Augustana	Pharm. Öst. Prov.
Peony root		
Oaken mistletoe		
Deer's horn		
-	Red coral	
White coral		-
-		Dittany root
Ivory		-
Elk's hoof		-
Spodium praeparatum (28)		-
Pearls		Mother of pearl or oyster shells
200 flakes of gold	20 flakes of gold	-

Pharmakopode Osterreichische Provinzial, the margrave powder included considerable amounts of precious ingredients, like pure gold, pearls and ivory. *The Augsburg Pharmacopoeia* and the *Austrian - Viennese Dispensatory* give similar recipes for the drug, while the recipe printed in *the Austrian Provincial Pharmacopoeia* is comparatively less compound. Again, the recipe is based on peony root, oaken mistletoe and deer's horn (see Tab.1).

At the time when the Mozarts wrote their letters, medicine was approaching a critical point in its history. The rapid development of clinical medicine and the spectacular proceedings in the natural sciences that took place in the late 18th century, resulted in a constantly growing mistrust in the ages-old theories - a mistrust, which ended with therapeutical nihilism of the new Viennese clinical school led by Skoda and Rokitansky. Within a decade after Leopold's death in 1787 and his son's decease in 1791, an overwhelming majority of medicines mentioned in the correspondence of the Mozarts disappeared from the drug registers (29). After a reign of centuries, the old medicine finally came to a close.

Notes and references

1. Wolfgang Amadeus Mozart (1756-1791), his father Leopold (1719-1787), mother Maria Anna (1720-1778) and sister Maria Anna, called Nannerl (1751-1829).
2. Leopold's most interesting letters concerning medical subjects come from two periods. The first is the childhood of Wolfgang and Nannerl, filled with numerous artistic tours throughout Europe; particularly the letters written during the great European tour (1764-67) contain much fascinating medical information. The other group of Leopold's medical letters was written to his daughter in the years 1785 -87, when he took care of her little son.
3. Among them, a remarkable letter written on 29th May 1787 by Leopold's friend Theobald Marchand of Munich, with a description of an alternative treatmentfor Leopold's lethal disease *(MBA:* 1052; see Note 5).
4. Wolfgang's few letters containing noteworthy medical information come mainly from the time of his gradual emancipation from his fatheris influence (1777 - early 1780s); the most interesting of them concern the circumstances of the fatal illness of his mother in Paris (1778), and his views on the best methods of infant feeding.

5. W. A. Bayer, O. E. Deutsch, J. H. Eibl (eds.): *Mozart: Briefe und Aufzeichnungen.* Kassel, 1962-1975. Volumes I - IV contain the original texts; volumes V - VII : commentary and indexes. In further references to that publication in this article: *MBA: number of the letter* (place and date of origin).
6. *MBA:* 34 (Vienna, 30th Oct. 1762) -1 prescription for Wolfgang; *MBA:* 92 (London, 13th Sept. 1764) - 6 prescriptions for Leopold and 5 Salzburg recipes (see further text); *MBA:* 103 (the Hague, 5th Nov. 1765) - 5 prescriptions for Nannerl; MSA 104 (the Hague, 12th Dec. 1765) - 4 prescriptions for Wolfgang; *MBA:* 121 (Olmutz, 10th Nov. 1767) - 2 prescriptions for Wolfgang.
7. The Mozarts faced the consequences of this situation at least twice. During his illness in London, Leopold could not get the remedies he needed because the apothecary did not know how to prepare them - they were not present in the local drug registers *(MBA:* 92, 13th Sept. 1764). Twenty four years later in Paris, Wolfgang was not able to buy the black powder, one of the most frequently used medicines in his family, because the apothecary he turned to did not know this remedy *(MBA:* 447, 1st May 1778; MSA 458, 3rd Jul. 1778).
8. *Pharmacopoea Augustana renovata, revisa et appendice aliquot medicamentorum selectorum aucta.* Out of many editions available in Polish libraries, I focused on the 1732 version, as the closest to the times of the correspondence. In further references: *Pharm. Augustana.*
9. *Dispensatorium medico - pharmaceuticum, jussu clementissimo Serenissimiac Potentissimi Principis Electoris Carol! Theodori (...) in lucem emissum a Concilio Medico Electoral! Palatino.* Mannheim, 1764. It seems to have been based on the Dispensatorium pharmaceuticum Austriaco - Viennese (see Note 10). In further references: *Disp. Mannh.*
10. *Dispensatorium pharmaceuticum Austriaco - Viennese cum Sacrae Caesarae Regiaque Catholicae Maiestatis privilegio, sumtibus CollegiiPharmaceutic! Viennensis.* I studied the editions coming from the years 1737, 1751 (both being the reprints of the 1729 edition), 1763 and 1770. In further references: *Disp. pharm. A* - l/(theyearof edition). *Pharmackopoe Osterreichische Provinzial,* Vienna 1776. This publication was printed in German and contained mostly the prescriptions given in the above Dispensatorium. In further references: *Pharm. Ost. Prov.* Interestingly enough, the Latin version of this book (Pharmacopoea Austriaco - Provincialis; the Jagiellonian Library in Cracow possesses its exemplar from the year 1774) is not homogenous with the German edition.
11. See *MBA:* 103 (the Hague, 5th Nov. 1765), in which an almost fatal illness of Nannerl's is described. Nannerl's first doctor prescribed her a scarce diet, consisting mainly of salted water mixed with milk. Leopold neither agreed with the doctor's diagnosis, nor accepted the treatment suggested. Another doctor he asked for help changed the treatment and ordered a rich, nutritious diet. During Leopold's last disease, his doctor forbade him to partake of the fasting ritual and recommended a meat-rich diet (see *MBA:* 1010, Salzburg, 8th Dec. 1786).
12. *MBA:* 342 (Munich, 2nd Oct. 1777); *MBA:* 344 (Salzburg, 6th Oct. 1777); *MBA:* 346 (Salzburg, 12th Oct. 1777); *MBA:* 1011 (Salzburg, 14th Dec. 1786); *MBA:* 1015 (Salzburg, 29th Dec. 1786). The first three letters describe Leopold's recoveryfrom « breast affection » after introducing sago to his diet. In the latter two letters, Leopold writes to his daughter about his plans to use sago as a remedy against weight loss and weakness.
13. *MBA:* 553 (Salzburg, 4th Dec. 1780). The letter, written to Wolfgang and filled with numerous medical advice and recommendations concerning a cold he had caught in Munich while working on his opera «Idomeneo, Re di Creta», ended with a humorous signature: *«Ita clarissimus Dominus Doctor Leopoldus Mozartus».*
14. *MBA:* 553 (Salzburg, 4th Dec. 1780).
15. *MBA:* 752 (Vienna, 18th Jun. 1783)
16. *MBA:* 1048 (Salzburg, 10th May 1787); *MBA:* 1052 (Munich, 29th May 1787). This diagnosis is one of the very few appearing in the correspondence that can be easily and reliably translated into the modern medical language. The symptoms Leopold complained of (sudden, severe pain in the chest, occurring during physical exercises, e.g. climbing the stairs, or after

exposure to cold air) today would be diagnosed as ischaemic heart disease.

17. In the correspondence, the Viennese laxative water appears as both an individual medication and an ingredient of another compound medicine. See *MBA:* 81 (Paris, 22nd Feb. 1764); *MBA:* 92 (London, 13th Sept. 1764).
18. *Disp. pharm. A - V,* 1737, p. 52: *Infusum sive aqua laxativa. Pharm. Ost. Prov.,* p. 229 - 230: *Infusum sive aqua laxativa / PurgiraufguB oder Wienerisches Laxiertrankchen.*
19. Christoph Heinrich Bauer : *Dissertatio inauguralis medica de specificis antispasmodicis (...),* Halae Magdeburgiae 1702. Jagiellonian Library, Cracow, signature: *Medicina 10.845.*
20. *Disp. pharm A - V,* 1737, p. 163 -164; all editions I have studied contain this prescription.
21. *Disp. Mannh.,* p. 131
22. Krzysztof Kluk: *Dykcyonarzroslinny*[Dictionary of plants], Warszawa 1786-1788, vol. 3, p. 165.
23. *MBA:* 34 (Vienna, 30th Oct. 1762); *MBA:* 104 (the Hague, 12th Dec. 1765); *MBA:* 121 (Olmutz, 10th Nov. 1767); *MBA:* 254 (Milan, 2nd Nov. 1771); *MBA:* 428 (Mannheim, 22nd Feb. 1778); *MBA:* 433 (Salzburg, 28th Feb. h 3rd Mar. 1778); *MBA:* 447 (Paris, 1st May 1778); *MBA:* 448 (Salzburg, 11th May 1778); *MBA:* 458 (Paris 3rd Jul. 1778); *MBA:* 467 (Paris, 20th Jul. 1778); *MBA:* 471 (Paris, 31st Jul. 1778); *MBA:* 543 (Salzburg, 25th Nov. 1780); *MBA:* 553 (Salzburg, 4th Dec. 1780).
24. The margrave powder appears in five letters: *MBA:* 34 (Vienna, 30th Oct. 1762); MBA: 104 (the Hague, 12th Dec. 1765); *MBA:* 121 (Olmutz, 10th Nov. 1767); *MBA:* 543 (Salzburg, 25th Nov. 1780) and *MBA:* 553 (Salzburg, 4th Dec. 1780). In the latter, Leopold wrote to his son: *«(...) du kanst, wenn du keine Erhitzung hast, ein wenig Schwarzes Pulverallein nehmen, das margrafen Pulver ist nur, wenn man erhitzt ist.*
25. *Pharm. Augustana,* p. 100: Pulvis marchionis seu epilepticus.
26. *Disp. pharm. A - V,* 1737, p. 163: *Pulvis epilepticus marchionis. Pharm. Ost. Prov.,* p. 288: *Pulvis marchionis / Markgrafenpulver.*
27. In English editions of the correspondence the medicine's name is translated into «margrave powder», but the discovery of the drug is attributed to Marggraf (see E. Dickinson (transl.): *The Letters of Mozart and his Family,* 3rd ed., p. 9, note 2). In the Polish translation we find « Marggraf is powder». Most probably, the source of this mistake is the commentary to the critical edition (unfortunately, as no library in Poland has the commentary volumes, I am not able to confirm it), and comes from the confusing similarity of the famous chemist's name to the German name of the powder. In fact, *Pulvis marchionis appeared* in all 17th century editions of the Augsburg Pharmacopoeia, from the year 1610 on. A short reference to this medicament can also be found in Bauer's *Dissertatio* (see Note 11), printed 7 years before Marggrafs birth.
28. *Spodium praeparatum* meant «a metallic ash», nowadays usually interpreted as a metal oxide.
29. *Pharmacopoea Austriaco - Castrensis. Ad mandatum et cum Privilegio S. C. Ft. Apost. Majestatis (...)* Vienna 1795. Apart from *Spiritus Mindereri,* occurring in one of the prescriptions quoted by Leopold *(MBA:* 92, London 13th Sept. 1764), no compound medicine mentioned in the correspondence appears in this register. In the *Pharmacopoea Austriaca, editio altera, emendata,* Vienna 1814, we find only the above *Spiritus Mindereri* and the Viennese laxative water.

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Biography

Joanna Nieznanowska, M.D., is an assistant at the Department of History of Medicine and Medical Ethics, Pomeranian Academy of Medicine, Szczecin, Poland. She teaches history of medicine to the Polish students of medicine and dentistry, and is responsible for the teaching programme of the medical history course for the students of the English Medical Faculty. A tpresent, she is working on her doctorate, being an analysis of the medical information contained in the correspondence of the Mozart family.

The Prescribing Physicians and Sick Scholars of Oxford: Jeremiah Webbe's Apothecarial Notebook, 1653-54

W.D. Churchill and J.D. Alsop

Summary

The prescription book of Jeremiah Webbe, apothecary, illuminates the medical practices of a number of Oxford physicians, including those of Thomas Willis, Francis Barkesdale, and William Conyers. It provides an indication of the nature of the illness present in Oxford, especially among the students of the University, in the years 1653 and 1654.

Résumé

Le livre de prescriptions de Jeremiah Webbe, pharmacien, éclaire les pratiques médicales d'un nombre de médecins d'Oxford, y compris celles de Thomas Willis, Francis Barkesdale, et William Conyers. Il fournit une indication sur la nature des maladies présentes à Oxford, surtout parmi les étudiants de l'Université, dans les années 1653 et 1654.

Many features of the medical milieu of Oxford in the 1650s remain to be examined. Medicine at Oxford under the Commonwealth is important, for here was formed the inspiration for the Royal Society of London, in the «Oxford Experimental Philosophical Club», with its emphasis upon iatrochemistry and other relevant subjects (1). The scientific experimentation involved numerous Oxford medical figures, many still relatively obscure, who were both college tutors and active practitioners (2). Efforts to establish the contours of medicine at Oxford have to date focussed upon the early career of Thomas Willis. He proceeded M.D. in 1660, was in the same year elected Sedleian Professor of Natural Philosophy, and had published the first of many works, *Diatribae duae medico-philosophicae,* in 1659. However, Willis's connections to Oxford went back to his matriculation at Christ Church in 1636 and, following service in the army of Charles I, his return to the college in 1646 to graduate bachelor of medicine, with a licence to practice. Willis's only known surviving casebook, for the years 1650-52, is invaluable in establishing the conditions of medical practice in the disrupted town and university, so recently exposed to siege, epidemics, and political revolution (3). The present short study will build upon this foundation. It is an examination of the prescription book of one Jeremiah Webbe, an Oxford apothecary. As with Willis, only one volume of his records has come to light, for the years 1653 and 1654 (4). The volume, which includes reference to the practice of Willis and several of his noted professional colleagues and fellow members of the Oxford Experimental Club, provides a snapshot of some important features of medical practice in Oxford during this decade.

Wendy D. Churchill and James Alsop, Mc Master University, Dpt of History, Chester New Hall 619, 1280 Main Street West, Hamilton, Ontario, Canada L8S 4L9. e-mail: alsopj@mcmaster.Ca

Jeremiah Webbe was only one of a number of Oxford apothecaries of his generation. Like Willis, he was associated with Christ Church, being listed as «apothecary» in the College registrar of Michaelmas term 1656 (5). Willis himself possessed close professional ties in this period to two Oxford apothecaries, **John** Haselwood and John Crosse (a member of the

Experimental Club and subsequently Robert Boyle's landlord for his first Oxford laboratory) (6). None the less, Oxford in the 1650s was an intimate town, and (as will be seen) several of Willis's patients were prescribed for by Webbe, as were patients of Sir Thomas Clayton, M.D., the Regius Professor of Medicine, 1647-65, and long-time patron of Haselwood. Webbe's business was diverse. In the years 1653-54 his clients were drawn from the colleges, the city, and the nearby towns and villages of Abingdon, Headlinton,l_ittlemore, and Witney. Afew clients, as far removed as Tewkesbury, Gloucestershire, and Scotland (7), were perhaps isolated reminders of Oxford's national role as the centre of the royalist war effort during the 1640s. Webbe's customers also covered the social hierarchy, from the child of a peer of the realm, to one Cross, «a diseased old man» (8). Many, such as Goodwife Constable of Witney, are effectively anonymous and untraceable.

Webbe's prescription record is a rough notebook of scrawled receipts and miscellaneous information. The arrangement is chronological, although many of the prescriptions are undated and unattributed, or attributed only by way of cryptic initials or. abbreviations. In almost all cases the client is identified, if at all, by surname and sex only, so that identification is either questionable or impossible. What the document does provide is a strong indication of the range of illnesses prevalent at Oxford in 1653-54 which required medical prescription, information on the ill health of twenty-eight students at the University, who were identified by surname and College, and thus are generally traceable in the Oxford records, and related information on the prescribing physicians, whose names are sometimes noted in the margins of the notebook.

The range of aliments requiring medical prescriptions in 1653-54 was broad and more diverse than the fifty cases covered in Willis's casebook for the two preceding years, a document representative of his own practice in Oxford and the nearby towns, and providing our best knowledge of the epidemiological fabric of the area (9). It is coincidental, but one patient seems to appear both in Willis's casebook and in Webbe's record. The final, undated entry in the casebook was for a «Mrs Heme of Abingdon», aged thirty and the mother of a child of fourteen months (10). She suffered from listlessness, lack of appetite, sleeplessness, headaches and other symptoms, diagnosed by the editor of the casebook as pulmonary tuberculosis (11). In 1653 Webbe prescribed for a Mrs. Hearneof Abingdon, afflicted by wind and a «bad stomach» (12). Webbe filled prescriptions for many afflictions, from love-sickness in a young woman, to toothache, sore eyes, and flatulence, to tuberculosis (consumption), dropsy, jaundice, malaria (ague) and smallpox. As in the medical practice of Willis, (13) psychiatric illnesses were common: Webbe filled prescriptions for a Mrs Freke of Kennington for «spleen and fits», for Thomas Handidie (born 1630) of St. John's College, the son of a London cutler and a graduate of the Merchant Taylor's School, for "melancholy and spleen", and the "desperate melancholy" of Master Spicer of the University (14). All three, perhaps not by coincidence, were the patients of the physician Dr Francis Barkesdale, the fellow and vice-president of Magdalen College newly imposed upon the College by the parliamentary commissioners (15).

Webbe's prescriptions include one by Barkesdale for a Doctor Cross, severely choleric and afflicted by deafness. This is perhaps Joshua Cross of Magdalen, created Doctorof Canon Law in 1650, and Willis's immediate predecessor as Sedleian Professor, 1648-1660 (16). All the remaining clients with university affiliations, however, were students. A total of twenty-eight students, spread over eight colleges, were prescribed for, several more than once: Magdalen - 1 1 ; Christ Church - 4; St John's - 3; Jesus - 2; Wadham - 2; New - 2; All Souls - 1; Merton - 1; New Inn Hall -1 (17). Most of the patients can be positively identified. Several went on to illustrious careers. John Rosewell (d. 1684), who suffered

from «a very hot stomach», had matriculated at Magdalen on 2 April 1652, graduated B.A. from Corpus Christi in 1655, M.A. in 1659, and B.D. in 1667, eventually became a canon of Windsor and the celebrated headmaster of Eton, credited with establishing its educational reputation (18). Samuel Woodforde (1636-1700), the poet, who experienced «a sudden heat in the face» treated by Francis Barkesdale, matriculated at Wadham on 20 July 1654, received the degrees of B.A. in 1657, and D.D. in 1674, became rectorof Shalden and Hartley Maudit, Hampshire, canon of Chichester and of Winchester, Fellow of the Royal Society, and fatherof William Woodforde, Regius Professor of Medicine, 1730-58 (19). Walker Marshall of New College, Humphrey Gunter of Merton, and the highly controversial Henry Hickman of Magdalen went on to become well known nonconformist ministers (20). Others of these patients of 1653-54 embarked upon careers in the Restoration Church of England, including Cyprian Banbery, John Earle, William Milnar, John Panton, and Robert Sandford (21). The John Master or Masters of Christ Church, treated for smallpox by Dr Francis Hungerford in 1653, is of considerable interest (22). He proceeded B.A. in 1657 and M.A. 1659, but was finally awarded the bachelor and doctorate degrees in medicine in 1674 and became an honorary fellow of Royal College of Physicians of London in 1680 (23). An intimate associate of Thomas Willis, he assisted with both *DeAnima Brutorum* (1672) and the first part of *Pharmaceutice Rationalis* (1674) (24).

The most common medical complaints forthe students were melancholy and consumption. The melancholy that afflicted Handidie and Spicer has already been noted. In addition, John Sayer of Christ Church was twice treated for «spleen and melancholy» by Barkesdale; he subsequently left the College to become chaplain to the famous Parliamentarian general, Sir William Waller (25). Consumption affected at least five students, a sixth was prescribed a medication to prevent it, and a seventh and eighth were treated for the spitting of blood, and a vein broken in the lungs after a «desperate» cough (26). The last occurrence was clearly viewed as very serious, and treated by three practitioners. Barkesdale treated most of the consumption cases; however, Willis had as one of his patients in 1653 Mr Jones of Jesus College, for «a consumption proceeding from the blood» (27). Only one Jones is know to have attended the College at this time : Samuel Jones, born near Chirk Castle, Denbigh, was a scholar in 1648, received the degrees of B.A. in April 1652 and M.A. in November 1654, became vicar of Llangynwydd, Glamorgan, in 1658, was ejected for nonconformity to the Anglican service in 1662, and died in 1697, aged 70 (28). Willis's other medical case in Webbe's records was for a student at Jesus in 1654, one Mr Bynner - who cannot be positively identified - forthe retention of urine (29). These are noteworthy as the first known treatments by Willis of college students; in the years 1650-52 his practice had been very restricted and economically precarious (30).

Smallpox struck at least one student at Wadham College. John Rogers, of Dedham, Essex, who matriculated in July 1654, aged sixteen, was placed under thecare of «Dr Stevens». PresumablythiswasthePhilipSteephens (d. 1679), fellow of New College in 1649, licenced to practice medicine on 2 April 1653, M.D. in 1656, and principal of Hart Hall, 1653-60, who became a candidate of the College of Physicians of London in 1659. In 1658 Steephens and William Browne produced the augmented edition of the *Catalogus horti botanici Oxoniensis* (31). Smallpox was also identified at Christ Church in 1653, where John Master or Masters was treated by Francis Hungerford and another student was given Hungerford's prescription «to prevent the pox» (32). Hungerford, B.A. (1636) and M.A. (1640) from All Souls, did not acquire the degree of Batchelor of Medicine until 1656, but he was evidently in practice considerably earlier (33). Other ailments treated in this period were ague, for Robert Sandford, subsequently rector of Radwinter, Essex, a «noice in his ears» for Humphrey Gunter (d. 1691), the non- conformist

minister, an ulcer (fistula) in a Mr Whaley of St John's, and «much wind in the bowels» suffered by William Milnar, a chorister of Magdalen and later College chaplain (34).

The ailments, therefore, ranged from life threatening to inconvenient. It is noteworthy that none of the scholars are known to have died from their ailments. Although some disappear from the university records in this period, only in one case is death certain. It is for John Rogers, the smallpox sufferer, who passed away several years later, in June 1656, from unknown causes, For the rest, the health problems while students at Oxford were those of morbidity, of greater or less severity, not mortality.

Dr Francis Barkesdale was the most frequent of the prescribing physicians for Webbe's clientele, both of the city and the university. In 1653 he was approximately thirty-five years of age, and resigned his fellowship at Magdalen in the same year. In 1656 he was admitted a candidate of the Royal College of Physicians of London (35). Thomas Willis, SirThomas Clayton, Philip Steephens, and Francis Hungerford have already been mentioned. There were others: John Maplett (16117-1670), who received the degrees of B.A. from Christ Church in 1634 and M.A. in 1647 and rose to serve as principal of Gloucester Hall, 1660-62; Dr Tobias Garbrand (d. 1689), the principal of Gloucester Hall, 1647-60, who practised at Abingdon; Dr William Conyers (1622-65) of St John's, M.D. 1653, who was admitted to the Royal College of Physicians of London in 1656; Peter Eliot (d. 1681) who was a graduate and chaplain of Corpus Christi and heldthedegreesofB.M.(1646)andM.D.(1652) (36). In 1662 Eliot, Willis, and William Day, surgeon, leased consulting rooms in partnership at the Angel on Oxford High Street (37). Conyers is one of the most interesting of this group. In 1652 he served on the Experimental Club's committee working to compile a scientific index of the volumes in the Bodleian Library, and has been described as «a devotee of the chemical arts» (38). His early death while treating patients of the Great Plague of 1665 cut short a promising career. The identities of other physicians are less certain: was the «Dr. Clarke» who was associated with Barkesdale in 1653 the Timothy Clarke (d. 1672) of Balliol, M.D. July 1652, who later served as physician in ordinary to Charles II and on the original council of the Royal Society of London, or Henry Clerke (d. 1687) of Magdalen, M.D. May 1652, fellow of the Royal Society, 1667, fellow of the Royal College of Physicians, 1669, and vice chancellor of Oxford, 1676-7? (39). Likewise, the Dr Jackson of 1653 could have been one of several Oxford practitioners of this period (40). Willis, Conyers, Steephens, Maplett, Clerke and Eliot, at least, were all associated with the intellectual ferment at Oxford in the 1650s, participants in «a pattern of medical activity and education scarcely congruent to the standard [now outdated] historical descriptions of moribund university science and medicine»(41).

A single record does not provide answers to all questions. The prescription book of Jeremiah Webbe is a noteworthy document. It illuminates features of the medical landscape of Oxford at an important time, showing a range of ailments, and the treatments provided by a variety of prescribing physicians. Several of these physicians possessed standing of national importance; their case records have never come to light so no studies of their practices could have been undertaken. Certainly the prescriptions of Francis Barkesdale, of which several dozen are recorded by Webbe, are deserving of study, while individual prescriptions by Sir Thomas Clayton, the Younger, and William Conyers are of interest. Willis and Steephens were both in the initial years of their medical practices, both unpublished, and the prescriptions for the former, at least, can usefully be added to the meagre body of knowledge for the development of a young, influential physician and scientist (42).

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12. Sloane Ms. 564, fol. 178v.
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Biographies

Wendy D. Churchill is a Ph. D. candidate in History at McMaster University. The title of her thesis is, "Dissecting the Texts: Medical Diagnosis and Treatment of «Female Complaints" *in Early Modern England, c. 1580-1720".*

James D. Alsop is professor of History at McMaster University. He has published on seventeenth and eighteenth century British medicine in Medical History, Journal of the History of Medicine and Allied Sciences, and War and Society. His current research includes a study of the early use of cinchona in England.

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Intrusion and internalisation of the devil: Popular saints vs. the Fathers of the Church

S. Kotsopoulos

Summary

In early Christianity, and in the domain of Byzantium in particular, the devil's interference with man took two distinct forms which may be identified as <<intrusion» and <<internalisation». The intruding form of the devil was presented in the hagiographies of popular saints, while the internalisation form was presented and elaborated upon by the Fathers of the Church. Intrusion was the most striking and characteristic demonic interference with man. It was an invasion of the body by demons or impure spirits that took possession of the person and caused madness and other illnesses. The internalisation form of demonic interference was more subtle and sinister, and although it was not causing mental illness it was affecting the minds of people by inflaming passions and interfering with judgement, thus leading to erroneous actions, contrary to the commands of God. The two forms of demonic interference that were compatible one with the other and might coexist, emerged from the power of the devil. Intrusion was probably more appealing to and understood by the crowds of the peasants addressed by the popular saints while internalisation was better understood by the educated and the town people addressed by the Fathers of the Church. The two forms of demonic interference have had a lasting effect on religious and spiritual thought and practice till modern times.

Summary

Au début du christianisme et principalement à l'époque byzantine, l'interférence du diable avec l'homme prenait deux formes distinctes pouvant être indentifiées comme "intrusion " et "internalisation ". La forme de l'intrusion du diable est présentée dans les hagiographies des saints populaires, tandis que la forme de l'internalisation est présentée et élaborée par les Pères de l'Eglise. L'intrusion était l'interférence démoniaque la plus frappante et caractéristique; c'était une invasion du corps par les démons ou les esprits impurs qui prenaient possession de la personne et provoquaient la folie ou d'autres maladies. L'internalisation était une interférence plus subtile et menaçante, et surtout elle ne causait pas de maladies mentales, elle affectait la pensée des gens par des passions enflammées et de faux jugements, provoquant ainsi des actions allant à l'encontre des commandements de Dieu. Ces deux formes d'interférence démoniaque, qui étaient compatibles et pouvaient coexister, provenaient du pouvoir du diable; elles ont eu une influence de longue durée sur la religion et la pensée spirituelle jusqu'à la fin des temps modernes.

Introduction

The historical era examined in this study is that of early Byzantium, which extended from the proclamation of Christianity as the official religion of the empire by Constantine in 313 AD to the death of Justinian in 565 AD. This was a period of expansion and consolidation of the eastern Roman empire (1). During this period, Christianity became the universally accepted ideology, which explained the creation and the working of the world, provided models for people's behaviour (2), and an image of heavenly

Sotiris Kotsopoulos, 24 Markou Evgenikou Str. 114 71 Athens Greece

rule which served as a model to rule the empire (3). The importance of religion in Byzantium, which was later labelled Byzantine theocracy, was exemplified by the continuing involvement of emperors and people in the arguments and civil strife (e.g. the Arian heresy and later on iconoclasm vs. iconolatry) regarding the interpretation of Christian dogmas (4).

Atthe level of popularculture in early Byzantium a coherent system of Christian beliefs had developed, which provided an explanation of man's place in the World. The World, according to these beliefs, was a battlefield between Good and Evil, that is, God and Satan, and their agents, angels and demons respectively, directly affecting man (5,6). Evil and demons along with God or gods had long existed in the cultures and religious beliefs among the Jews, Babylonians, Egyptians, and pagan Greeks but these beliefs lacked the coherence achieved early in the Christian era (7).

In Byzantium, the demonic power was present and interfering in every aspect of life. Demons caused diseases and misfortunes to individuals, to communities, and to the state, either by direct intervention or by controlling people's decisions (8). However, man was not left alone in the battlefield between Good and Evil. Popularsaints who lived among the people, with the grace of God, fought demons and directed the faithful to stay on God's path (9,10,11). Furthermore, the Fathers of the Church, with their words, recorded in sermons and letters, helped the faithful to understand Christ's teaching and to use it as a guide for everyday life.

In this historical and cultural milieu the demonic interference with man took two distinct forms, which may be identified as «intrusion» and «internalisation».* The intruding form of the devil was presented in the hagiographies of popular saints while the internalisation form was presented and elaborated upon by the Fathers of the Church. Each of the two forms of demonic interference probably appealed to different social groups. The idea of intruding demons was simple and coherent and likely appealed more to peasants living in the interior of the empire. The educational level of the peasants was probably low, most of them being illiterate (12). In this social milieu, popular saints, as true athletes of God, fought and expelled demons from their victims in the name of Jesus Christ. At the same time, through their miracles, they provided a powerful message about the godly origin and the mission of the new religion (13). These saints were busy, even if they were sitting at the top of a column as the stylites did, interacting with crowds of hopeless and helpless people besieging them and seeking help (14,15,16). In addition to expelling demons, the saints also provided spiritual guidance and advice and often performed roles equivalent to social workers and ombudsmen of our times (17).

The Fathers of the Church, who elaborated on the Christian dogmas (18) and dealt with the internalised form of the devil, addressed urban audiences and the educated. In their sermons and letters, among other important aspects of the new faith, the Fathers dealt with the sinister interference of the devil in the everyday life of people; they addressed temptation and other deceptive interventions by the devil, such as stirring emotions, inflaming passions, and blurring judgement or putting thoughts in the minds of people, particularly those trying to perfect themselves (e.g. monks). The devil's objective was to make them transgress the rules of God. The faithful were to be aware of the devil's deceptions and to be prepared to defend themselves.

Intrusion

The characteristics of the devil's intrusion, which appear to form the model present in the hagiographies of popular saints, were clearly spelled out in the incident of Jesus' meeting the demoniacs who came out of a cemetery in the land of the Gadarenes. According to the accounts of Matthew and Luke (19), the demons, through the mouth of the possessed, challenged Jesus,

who cast them out with a simple order and restored sanity to the hapless victims. This model of demonic interference prevailed and became the norm for possession and exorcism till modern times (20).

In Byzantium stories of people who had been invaded and possessed by demons, which were subsequently confronted and expelled by saints, weretold many times in hagiographies of popular saints such as Daniel Stylite (21), Theodore of Sykeon (22), St Simeon Stylite the Younger (23), and others in early Byzantium. The present study will draw extensively from the hagiographies of the three saints. These saints were selected for the purpose of the study for two reasons. First, their lives and acts were represented in sufficient detail, and second, all three practised their ministries close to towns and villages, having become part of the local community life and culture. St Daniel Stylite (409-493 A.D.) spent the last 33 years of his life at the top of a pillar on the shores of the Bosphorus, not far from Constantinople, where he was visited by the sick, the poor, and by those in power, such as emperor Leo I, forconsultation on matters of the empire. St Simeon Stylite the Younger (521-592A.D.) was a native of Antiochia and practised his ministry at the top of a pillar high up on a mountain near his home town. St Theodore (died in 613 A.D.) was from Sykeon, a small town near Ancyra. He carried out his ministry in nearby regions of Asia Minor. Images of popular culture, as shown in the hagiographies, have been considered as valuable source of information on possession, illness and cures practised by the saints (24).

Demons invaded their victims under the command of the devil or Satan. The saints then cast them out with the power bestowed on them by God. Intruding demons might be violent, agitating their victims, or they might be quiet, even deaf and dumb. While being confronted by a saint, demons might talk defiantly and swear through the mouth of the possessed. Nevertheless, in the end, they would surrender to the saint's superior power and free the victims. A few examples will illustrate the characteristics of these encounters between saints and demons.

An old man was brought to St Symeon Stylite the Younger. He was driven by demons, and while having «satanic visions», he kept attacking people, tearing their clothes, and trying to choke them. He also tore his own clothes and ate his own flesh. Once, he grabbed a donkey and bit and cut its tongue, causing blood to pour from the animal's mouth. In front of the Saint, the «man with the demons» dwelling in him was «hanged» as punishmentforfivedays and nights. The Saint questioned the demons about why they dared to make the man commit such abominable acts. They replied, «We were sent to either burn or drown him ». The Saint proceeded to expel them in the name of Jesus Christ. The man, freed from the demons, put on his clothes and stood up humbly. The demons never dared to approach him again. The Saint also healed the donkey, whose tongue grew back (25).

A father brought his son, Peter, to St Theodore of Sykeon. Peter was suffering «in his heart». The cause of his sickness was not manifest. The Saint recognized the cause of the malady, made the sign of the cross over the face of the youth and struck him on his heart saying, «Do not hide yourself, unclean spirit, for your working is disclosed. The Lord Jesus Christ who knoweth secret things bids you come out of him». The demon immediately became restless and shouted, «I am coming out, iron-eater. I will not disobey you, for I cannot bear your threats. I cannot bear the fire which proceeds from your mouth and scorches me» . Then the demons, loudly wailing, left the sufferer (26).

A twenty-year-old man was brought by his father to St Daniel Stylite. He had been afflicted by a «deaf and dumb» evil spirit. The Saint besought God and asked that the man be given a speedy healing. The demon was greatly

agitated and, having wrenched the young man from the grasp of those who were holding him, made him run towards the ladder leaning against the column of the Saint. The young man began to climb the ladder but before he had gone half way up, he was freed from the demon and came down cured (27).

The demonic attack and intrusion were indiscriminate and random. They were not the result of punishment by God for wrongdoing and had no similarities whatsoever to the behaviour of the Olympian gods, who might turn a mortal mad for personal reasons or revenge (e.g. Dionysos driving mad the daughters of Proitos, King of Argos) (28), or take sides in conflicts and wars, as shown in the *Iliad* and the *Odyssey* (29). The random attackon people was illustrated by incidents described in the lives of saints. For example, one day St Simeon Salus (who lived in the second half of the sixth century and practised his ministry in Emessa, Syria) noticed a demon hiding around a corner in a busy street preparing to attack a passer-by. The Saint held back the traffic by throwing rocks at people until a dog passed by and the demon then attacked the dog (30). In another incident, from the life of St Theodore of Sykeon, demons attacked people, causing various kinds of maladies. These demons had emerged from a hole in the ground, which masons had opened by removing slabs. The saint chased the demons back into the ground and safely covered up the hole. Subsequently the plethora of demonic attacks on people ceased (31).

The random demonic intrusion is described in terms similar to sporadic occurrences of mental illness, characterized by delusions or delirium owning to various causes. These conditions were most likely identified as «madness» in the popular culture of the time and were attributed to demonic interference. The victim of demonic intrusion was not to be blamed as morally responsible for the possession.

For their help, the saints expected nothing more than a commitment by the cured person and his relatives to believe in the true God and his son Jesus Christ. On meeting this condition some saints were especially particular. For example St Simeon Stylite the Younger refused to intercede with God on behalf of some Hellenes (believers in the pagan gods) who were reluctant to denounce their «heinous» beliefs and remained uncommitted to Christ (32).

Internalisation

A characteristic model of internalisation of the devil is not provided by the Gospels. However, the incident, as told by Matthew, of Jesus' temptation in the desert, in which the devil implored him to transgress the rules of God and take earthly pleasures, approaches the model, but with a difference. The temptation in this incident originates from an externalised form of the devil. Jesus listens to the devil's voice «tempting» him and responds verbally, reminding the devil of God's rulings and finally dismisses him out of hand, saying, «Begone Satan» (33). The activity taking place within the person, in the case of the internalised devil, hasthefollowing characteristics. First, man in general is considered vulnerable and prone to personality weaknesses, often identified as passions. Second, the devil may inflame passions and at the same time weaken the person's judgement, leading him or her to a course of action contrary to the rules of God. Third, God's rules are known, but there is much to be elaborated on, and this is a task performed by the Fathers of the Church who explain the rules and make people aware of the devil's deceptive tactics, and advise how to defend oneself. Fourth, the informed person is expected to use his or her judgement and decide what to do, therefore becoming responsible for his or her own actions.

Man may be vulnerable to several passions, which the devil may exploit, but these derive from afundamental one, «loving oneself». Otherfaults

which derive from «loving oneself» include gluttony, love of money, vanity (34). A special case is fornication. In this case, it was explained that an abuse is made of the natural attraction between the sexes for the purpose of reproduction. Responsible forthis passion was the «demon of fornication».

The devil's interference with a person trying to perfect himself might at times change from subtle to crude forms such as those illustrated in the life of St Anthony the hermit by Athanasius (c. 296-373 A.D.), patriarch of Alexandria. The devil targeted Anthony, who was young when he withdrew to the desert to become a hermit. The devil «first attempted to lead him away from the discipline, suggesting memories of his possessions, the guardianship of his sister, the manifold pleasure of food, the relaxations of life, and finally the rigour of virtue ...». Thus, the devil raised in Anthony's mind a «great dust cloud of considerations, since he wished to cordon him off from his righteous intention »(35). But Anthony, with prayers and resolve, was able to suppress these ideas (36). The devil then changed tactics. He «... hurled foul thoughts at him, resorted to titillation», and one night the devil assumed the form of a woman, imitating «her every gesture» (37).

The Fathers of the Church dealt with the internalised devil extensively, but not systematically. References will be made here to writings by St John Chrysostom (344-407 A.D.) and St Basil of Caesarea (329-379 A.D.), both considered pillars of the early church, and to writings of St John Cassian (360-435 A.D.) and St Diadochos of Photiki (400-486 A.D.).

The thoughts and comments of St John Chrysostom, who was a prolific writer, are scattered in homilies, letters and other texts. In homily 13 he elaborates on the incident of Jesus being taken to the desert and tempted by the devil. Referring to temptations he explains:

The following [passions] are responsible for numerous failures, [such as] caring for the abdomen, acting out of vanity, driven by the desire to amass money... What makes us servants of the devil is seeking for more and being insatiably greedy... The enemy is irreconcilable and wages undeclared war against us... We should turn a way from the de vil, not only in our minds but also in our acts; and we should not do what [the devil] tells us to do, but do what God directs us to do... (38).

In homily 2 St John Chrysostom also points to the thoughts the devil puts in our minds :

We speak what the devil puts in our minds, at times laughing or talking about frivolous and ridiculous things, or cursing, swearing, or perjuring ourselves. (39)

Elsewhere StJohnpointstothe responsibility of the person. In homily 6 he states :

God has given us serious and humble reasoning, self-controlling, repenting thoughts. These are gifts of God which we will very much need. Difficult struggles have been imposed upon us, to fight against invisible forces, against evil spirits and their domain. [But] it is sufficient, with calmness and alertness, to fight back these wild armies and defeat them. However, if we laugh and are frivolous and unconcerned, we will be defeated even before the fight begins. (40)

St Basil of Caesarea argues in a similar manner. In a letter addressed to Amphilochos, bishop of Ikonion, (letter 233) he states:

There are two forces present [in the mind], according to the understanding we have, those of us who believe in God; one is sinister, demoniac, which drives us towards defection; the other is godly and of good nature and brings us close to God. [If the mindjabondons itself to the deceiver, giving up its judgement, it will turn to faulty images ...If it opens itself to the godly side and welcomes the graces of the Spirit, it will become capable of comprehending truth which is in keeping with its own good nature (41).

Similarly, in a letter addressed to Valerius, bishop of lllyicum, (letter91),referringto the Arian heresy, St Basil complains about the devil's attacks on the minds of many Christians:

Those here, who defend the faith of our fathers, are tired of the attacks by the devil, with the many and varied assaults he crafts and engineers (42).

John Cassian (360-435 AD) names eight vices: gluttony, unchastity, avarice, anger, dejection, listlessness, inflated self-esteem and pride (43). About unchastity he said :

Our struggle is against the demon of unchastity and the desire of the flesh, a desire which begins to trouble man from the time of his youth. This harsh struggle has to be fought in both soul and body, and not simply in the soul, as is the case with other faults. We therefore have to fight it on two fronts. Bodily fasting alone is not enough to bring about perfect self-restraint and true purity; it must be accompanied by contrition of heart, intense prayer to God, frequent meditation on the Scriptures, toil and manual labour. These are able to check the restless impulses of the soul and to recall it from its shameful fantasies. Humility of soul helps more than everything else (44). A sign that we have acquired the virtue [of citizens of heaven] perfectly is that our soul ignores those images which the defiled fantasy produces during sleep; for even if the production of such images is not a sin, nevertheless it is a sign that the soul is ill and has not been free from passion (45).... The way to keep guard over our heart is immediately to expel from the mind every demon-inspired recollection of women (46).

Diadochos of Photiki (400-486 AD), a bishop in north-western Greece, identified two types of demons affecting man: the ones affecting the soul, the others affecting the body with their lustful enticements (47). The mind, Diadochos states, produces good and evil thoughts. The latter are conceived as a result of attacks by demons (48). A man who has fought and controlled almost all passions still has to confront two demons which fight him:

The first troubles the soul by diverting it from itsgreatlove of God into a misplaced zeal, so that it does not want any other soul to be as pleasing to God as itself. The second demon inflames the body with sexual lust. This happens to the body in the first place because sexual pleasure, with a view to procreation, is something natural and so it easily overcomes us (49).. [Satan] uses the body's humours [fluids] to befog the intellect with mindless pleasures. (50)

The concepts of demonic intrusion and internalisation were not mutually exclusive. Fathers of the Church, such as St John Chrysostom and St Basil, who elaborated on the internalised devil, also accepted the notion of intruding demons. This becomes particularly evident in their exorcism prayers, which are appeals to God to free those possessed by intruding demons. (51)

In the spiritual world of early Byzantium the personified devil might deliberate about how to interfere with people, as a wicked person would do, taking pleasure in making those he targeted sin and getting them into trouble with God; he was crafty and when his deceptive tricks failed, he grew angry and more determined to return with new plans to attack his victims. The devil could even take human forms if he so wished. For example, when St Anthony fought back the «foul thoughts» the devil had put into his mind, the devil took the form of a woman in order to seduce him and then appeared in the form of a black boy who questioned the saint about how he dared to oppose the «spirit of fornication». The angry *diabolos* then sent a team of demons who beat the saint, leaving him unconscious. (52)

Demonic intrusion and internalisation very likely had different historical roots. Beliefs in demons and demonic interference with man

flourished in the Jewish, Hellenic (53), Egyptian and other cultures (54) of the Eastern Mediterranean. However, some of the specific characteristics of intruding demons which became prevalent in early Byzantium probably originated in Babylon (55,56). Testimonies were cuneiform inscriptions which included examples of demonic possession and incantations for protection against demons. Malevolent demons were lurking around to attack people and to cause illness, suffering and death. The demons were expelled with magic incantations or were tricked into leaving the bodies of their victims to enter an animal or a statuette offered in lieu of the patient (57,58). Particularly influential upon the Christian beliefs on demonic interference were Egyptian «demonological phantasies» that were introduced with the hagiography of St Anthony (59).

Passions which were considered by the Fathers of the Church the stepping stone for demonic interference from within, had similarities and differences, with passions as conceptualised by Stoic philosophy, which had become prevalent in the Hellenistic world (60). According to the Stoics, passions which determined behaviour, at least in part, had to be controlled by those aspiring to be persons of. virtue. Virtue (61) was vital because without it happiness, which was equated with *ataraxia,* could not be achieved (62). The Stoic passions have been rendered in modern English as affections, emotions, or impulses, and included such states as anxiety, fear, anger, sorrow, pleasure, and excitement (63). The passions, according to the Fathers, were imperfections in character or maladies of the soul, which the true Christian had to address and eradicate (64). These passions, however, were wider concepts (e.g. love of oneself, love of money) and had been given negative social value from the point of view of Christian ethics. Stoics deliberated about passions consistently from Chryssipos (third century BC) (65) down to Galen (second century AD) (66) before the Fathers, borrowing from them (67), addressed them from their specific perspective.

Demonic interference with man, intrusion in particular as shown in the hagiographies of popular saints, has had an enduring effect on religious and spiritual culture till modern times (68, 69) but this area is beyond the scope of the present study.

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**** The terms «intrusion» and «internalisation» in use in the present study instead of <<possession» and «temptation» respectively denote specific psychological activity and in the opinion of the present author are more in tune with modern psychological vocabulary.***

Biography

Dr Sotiris Kotsopoulos is a graduate of the University of Athens. He has a PhD degree in Medicine from Memorial University of Newfoundland, Canada. He is a psychiatrist and child psychiatrist. He practised at the faculty of Medicine of the Universities of Ottawa and Calgary, Canada. His research interests and publications were focused on psychiatric disorders of childhood and adolescence. Dr Kotsopoulos has presented papers on post-Hippocratic ancient medicine and religious healing in Byzantium at Congresses of the International Society for the History of Medicine. He is now retired and lives in Greece.

Turkey and its international relations in the history of medicine, Vesalius, VII, 2, 86 - 93, 2001

Turkey and its international relations in the History of Medicine

N. Sari

With references to the 38th International Congress on the History of Medicine to be held in Istanbul between September 1 and 6 2002

Summary

My discussions with ISHM members have disclosed considerable interest in the history of the relations that Turkey and its medicine have had with other countries. Dr Lellouch, the secretary of ISHM, originally suggested that I address the subject of Turkish-French relations by means of an essay in Vesalius. This led me to consider a wider ranging paper on Ottoman-European relations. For completeness, I have briefly covered the Turkish peoples' relations with the Eastern, as well as the Western World. The overall aim of this article is to act as a stimulus for further discussion on the international relations in health sciences between Turks and other peoples.

Résumé

Dans les discussions que j'ai eues avec les membres de la SIHM, j'ai pu déceler un intérêt considérable pour les relations que la Turquie et sa médecine ont eues avec les autres pays dans le passé. Le Dr Lellouch, secrétaire général de la SIHM, m'avait d'abord suggéré d'envoyer à Vesalius un article sur les relations Turquie-France. Ce qui m'a amenée à rédiger ce papier sur les relations entre Ottomans et Européens. Pour que celui-ci soit complet, j'ai brièvement retracé les relations du peuple Turc avec les pays de l'Est et de l'Ouest. Le but principal de cet article est de provoquer de futures discussions sur les relations internationales entre les Turcs et les autres peuples, dans le domaine des sciences médicales.

The best known Turkish States in history are the Seljuk and the Ottoman States founded respectively in 1071 and 1299, in Anatolia. The Anatolian Seljuk ruler Al.eddin Keyk°bad invited to his domain physicians from Turkistan, Khw,rezm, Khorasan and Azerbaijan, areas densely populated by Turkish peoples. There was also an exchange of medical cultures between Turks and the other peoples who had settled in Anatolia before the arrival of Turks, both before and after their conversion to Islam.

Prof. Nil Sari,
1.0. Cerrahpasa Tip Fak. Tip Tarihi ve Deontoloji ABD, Cerrahpasa Istanbul, Turkey

This subject is expected to be discussed during the Istanbul Congress by Professor Ali Haydar Bayat, a member of ISHM, in a lecture dealing with the influence of the former Anatolian medical cultures on Turkish medicine. He will present interesting information on the origins of the medical symbolic engravings decorating the Seljuk hospitals, some of the most splendid of which it is hoped will be visited during the Cappadocian post-Congress tour.

As the main interaction and relations of the Seljuks and the Ottomans in Anatolia were between the Turks and the Byzantians, Byzantian sources which contain information about medical

history are also expected to be introduced. Professor Alan Touwaide is organizing a panel on «Medicine and inter-cultural exchanges: Byzantium, the Arabic World, the Ottoman Empire".

Until the 17th century Ottoman medicine was characteristically Islamic and Islamic medical works were usually compiled and studied in Arabic; while some were translated. Several were written in Turkish. Arabic medical literature was highly influential for a thousand years, beginning from the 9th century. Even the European medical terms translated from Nysten's medical dictionary in the second half of the 19th century were derived mainly from Arabic words in the Ottoman medical dictionary *Lugat-i Tibbiye* (1873), and formed the basis of Arabic medical terms used today. Turkish intellectuals favoured Arabic and Persian as languages of science and literature and, for centuries, shared their medical literature, culture, and institutions with the Near East Muslim countries.

There were such close relations between the Turkish, Arabic and Persian cultures of the Selcuk and Ottoman periods that it is sometimes hard to differentiate one from the other, for the concept «Turk» was identified with Islam. From the early Ottoman period to the time of Westernisation many physicians employed in Anatolia - some born in Turkey, others in different Moslem societies - had been educated in famous Islamic centres, such as Cairo, Damascus, Bagdad, Tabriz, Meraga, Shirwan, Semerkand and Bukhara. For example during the 15th and 16th centuries Ottoman physicians, such as Haci Pasa were educated in Egypt and *Kutbeddin Ahmed, Lari and Ah? Celebi* in Iran.

Though the Arab peoples in the Ottoman domain formed important groups, we do not have satisfactory information about Arab physicians and their practice and employment during this era. Neither do we have enough knowledge about the health services, for instance hospitals and institutions founded by the Ottomans in the Arabic countries, such as those founded in Medina. The role of Turkish rulers and physicians and their contribution to Islamic medicine and building of hospitals, the activities of other Muslim peoples and their contributions during the Seljuk and Ottoman periods are fields worth studying.

Significant Ottoman-European relationships with respect to medical history began with the immigration of Jews from France, Germany, Italy and especially from Spain to Istanbul, to live under the patronage of the Ottoman Sultans from the end of the 14th to the 17th centuries. Amongst them were famous Jewish physicians such as *Musa bin Hamon.* At the beginning of the 17th century they came to be a large enough group in the Palace to form a Jewish physician community. There were many Jewish physician pashas (general officers), for example *Isaac Molho* and *Elias Kohen,* in the Ottoman military service. The names of many Ottoman Jewish physicians are recorded by *Avram Galante.* The practice and function of the Ottoman physicians of the Jewish community is another area that has not been studied enough so far.

After the 17th century Ottoman medical science began to turn to the West, although until the 19th century it may still be regarded mainly as the continuation of Islamic medicine. In the 19th century there were closer medical relations with Italy, Austria and France. First Italian and then French were the languages allowing Ottoman access to European medicine. From the second quarter of the 19th century, increasing numbers of physicians from European countries were invited to teach medicine or to be employed in the palace or in royal medical institutions. Relations with Britain in the first half of the 19th century increased after the Crimean War. Relations with the Americans speeded up in the last quarter of the 19th century. In addition, during the 19th and the beginning of the 20th centuries the Ottoman State encouraged medical activities in other Islamic countries, for example, founding

a medical school in Damascus in 1903, where medicine was and still is taught in Arabic.

Some of the earliest medical terms introduced from Europe into the Ottoman medical literature were Italian. The pharmacist or /'spenc/yar was derived from Italian *speziare.* The early translations from European medical literature, for example *Jenner's* monograph of 1798 *(An Inquiry into the Causes and Effects of the Variolae Vaccinae),* were usually through Italian sources. From the 16th century onwards, Italian physicians who had graduated from the Paduan Medical School began to come and practice medicine in Istanbul. Thus, Italy came to be a favoured country for medical education during the early period of Ottoman westernisation. The subject of Ottoman graduates from the Italian Medical Schools and those who specialized there is an area waiting to be studied.

For instance, the Ottoman Greek physicians *Caratheodorysand* the Armenian S/nap/'answere graduates of the Pisa Medical School during the first half of the 19th century. The *Hopital du Gouvernementde Sardaigne,* later called *Regio Ospedale Italiano,* was founded in the first quarter of the 19th century for sick Italian sailors in Istanbul and several Italian physicians, such as Agostino Salvatori and his son Giuseppe were employed here. Also at the beginning of the 19th century, Italian physicians such as Eusebio Valli and Antonio Pezzoni were employed in the minorities' hospitals and were given extensive privileges by the Sultan.

Delia Suda Faik Pasha, an Italian and graduate of the Paris School of Pharmacy, was the head of the Ottoman Military Central Pharmacy. He was honoured with the Legion d'Honneur, as an Ottoman representative, for his drugs exhibited in the Paris exhibition of 1867. Amongst many Italian doctors who practised during the Ottoman period, pre-eminent was Giovanni Batte Violi. He established a special vaccination institution *"Etablissement vaccinogene"* at Istanbul, in 1880, as well as the St George's International Hospital for Children in 1895 and the St George's Sanitarium for Children at Antigoni in 1902. These institutions were supported by the sisters of St Vincent de Paul, as well as by the Italian Society in Istanbul. There were many other Italians who worked in the Ottoman Palace, the Quarantine Service and the hospitals.

The influence of Austrian-German medical science and practice began through translations from works of Paracelsus, Adrian von Mynsicht, Michael Ettmuller, Oswald Croll, Daniel Sennert and Baron von Stoerck of the Vienna School, in the 17th and 18th centuries. Direct relations started with the arrival of Austrian physicians Charles Bernard, Jaques Neuner and the pharmacist Antoine Hoffmann to Istanbul. They were invited by Sultan Mahmud II to be employed in the Palace and the Quarantine office in 1838. Charles Bernard played an important role in the modernization of the Ottoman medical education. He died young and was buried in Istanbul.

Starting from this period (1840), several Austrian health institutions, such as the St. George hospitals, were founded with the support of the Austrian State and the sisters of St.Vincent de Paul, who ran the institutions. During the years 1870-71, eighty-five Austrian and Hungarian doctors were appointed to work in military service and hospitals. During epidemics Germans were consulted for aid, for example, during the syphilis epidemic in 1889 Ernst von Duhring; and during the cholera epidemic in 1894 Rudolf Emmerich were invited.

The next main influence was through the Military Clinical Hospital, *Gulhane Tatbikat Mektebi.* From 1898 to 1914, the German physicians Robert Rieder and Franz Deycke, and following them, Julius Wieting were to play a great role in the development of clinical education. During this period many German nuns came to work here. As a result of this contact, technology

for drug production was introduced from Germany and relations with the *Institut fur Infektionskheiten* in Berlin contributed to the development of Ottoman microbiology. In 1908 Ottoman physicians were sent to Germany for specialization. Amongst them, Hasan Reshad Sigindim was sent to Hamburg, where he worked with Shilling and discovered monocytic leukemia (1913). In 1906, August Bier and Ernst von Bergmann, and in 1907 Emil von Behrin, were invited to treat Sultan Abdulhamid II.

Beginning in 1933, many Jewish doctors and scientists migrating from Germany were invited to Turkey and employed as instructors in the Istanbul University Medical School. Some of them, namely, Friedrich Dessauer, Erich Frank and Rudolf Nissen, were quite well known. Some settled permanently in Turkey, others worked temporarily until 1956. This occasion was a part of the University Reform of Ataturk, the founder of the Republic of Turkey. German physicians were invited again in 1938 to treat Ataturk.

The most important of the relationships that Turkey had with other countries in the 19th century was with the French. This was largely associated with the use of French in the teaching of medicine which started in 1839 and continued until 1867. This French influence can also be observed in other provinces of the Ottoman State, such as Egypt. For example, Antoine Clot was employed as the French director of the School of Medicine during the time of Mohammed Ali Pasha, the Ottoman ruler of Egypt from 1805-1845. The French influence on Ottoman medicine had started to slow down in the early 20th century, but it did not end until the 1940s.

French physicians were regularly employed as faculty members in the Imperial Medical School in Istanbul, an example being Dr Antoine Fauvel, who taught internal medicine during the 1860s. French physicians came with the French military troops to the Gulhane Hospital in 1919 and Gabriel Delamarre, De la Combe and Aime Mouchet acted as lecturers in medical courses. Families also preferred to send their children to France for medical education for many years. Muslim, Armenian, Greek, Jewish Ottoman male/female physicians, pharmacists, dentists, veterinarians and midwives were educated in France and then practised their art in Istanbul, either employed in institutions, or running private offices. This is another subject to be studied.

Professor Esad Isik Pasha who was a graduate of *Faculte de Medecine de Paris* (1893) and worked at the military *Val-de-Grace* Hospital, is an eminent example. He modified the ophthalmoscope, designing the model which was named after him as the ophthalmoscope Essad. Many Ottoman physicians specialized in France. Celal Muhtar Ozden carried out his famous studies on Trichophyton while working in the laboratory of Roux and Metchnikoff (1890). The head chemist of the Ottoman Palace, Charles Bonkowski, a man of Polish origin, graduated from *Ecole Superieure De Pharmacie De Paris* in 1865. The possibility that some Ottoman physicians were awarded membership of the *Academie des Sciences,* is a question to be answered.

The influx of European medical knowledge, health practitioners and technology from France with French medical terms transferred into Turkish is reflected in the literature of the period. French reviews, periodicals and newspapers published in the Ottoman Empire and their French writers are subjects to be studied in this respect. For example, *Gazette Medicate de Constantinople* (1849), *Gazette Medicate d'Orient* (1857), *Revue de Medecine de Pharmacie de l'Empire Ottoman* (1875), *Gazette des Hopitaux Civils et Militaires de l'Empire Ottoman* (1886), *Revue Medico-Pharmaceutique* (1888) and *Comptes-Rendus du Club Medical de Constantinople* (1903) contain information on medical affairs and medicine, with contributions from European authors. These publications were highly effec-

tive in the development of the 19th century Ottoman medicine. French writers also compiled books on epidemics in the Ottoman provinces, for example, A. F. Bulard's, *De la Peste Orientate* on plague epidemics in Alexandria, Cairo, Smyrna, Istanbul during 1833-38; and Andre Leval's work on the Ottoman quarantine organization and cholera in 1849. Many books on medicine and related sciences were translated from European languages, especially from French into Turkish, mostly in the last quarter of the 19th century. Gulten Dine, one of our PhD studens, is preparing a paper on the subject for the Istanbul Congress.

As a result of this choice of France as the main centre for medical education and development, we find French physicians employed in various Ottoman institutions, as well as in the Palace. For example, French physicians such as A.. F. Bulard de Meru and L. Robert, director of the quarantine station , played a role in the foundation and activities of the quarantine services. The minutes of the Quarantine Board, consisting of foreign representatives, were in French. The French embassy's delegate at the Quarantine Board was Dr J. Mahe. There were French directors.of the Royal Laboratory of Bacteriology, Maurice Nicolle (from 1893) and Paul Simond, and French directors of the Rabies and Bacteriology Laboratory, Auguste Marie (1899) and Paul Remlinger (1901). Andre Chantemesse (1893) who worked in the Istanbul Medical School Laboratory during the cholera epidemic, presented a medical report which helped to determine what measures needed to be taken.

During this period the Ottoman medical community was receptive to the new techniques and methods. There were close relations with the *Pasteur Institute.* An Ottoman committee visited the *Pasteur Institute* in Paris in 1886 to learn about rabies vaccination and there were monetary and royal medal awards from Sultan Abdulhamid II to the Pasteur Institute. There are archives in the Pasteur Institute about the Ottomans and publications and documents describing the views of the Paris press and medical circles about all these events provide an interesting field to be studied.

Some of the most note-worthy contributions that France made were the foundation of hospitals and social service institutions in Istanbul and in other Ottoman provinces. The best known were the *Hopital des Frangais de Pera* founded for sick French sailors in Istanbul in the 18th century and later expanded with the support of Sultan Abdulhamid II, and the *Hopital de la Paix,* which was built on land assigned by the Sultan Abdulmecid and with his financial aid in 1858. This hospital still exists today and you can visit it when you come to Istanbul.

Wars have been unhappy events, but have been important in developing medical relations. French physicians, as well as British, came to Turkey during the Crimean War (1853-56), and the Navy Central Hospital was assigned to wounded French soldiers.

During the Ottoman-Russian War of 1877-78, Austrian, Hungarian, French and British physicians were employed in the Ottoman army. European physicians and surgeons took part in the activities of the *Ottoman Red Crescent Society*at Plevne and Erzurum. The Germans Carl Rieck, Hilsmann and Waltsechli, served in a commission with the Red Crescent in 1878. Another medical team serving in the Red Crescent at Plevne was headed by the British *Bonne Moor,* and MacKeller and George Sticker and David Criyste Murray, a medical student as well as a war correspondent. Following these two wars, many European physicians settled in Istanbul, mainly in Pera and some also served in the Palace.

Relations between the Red Crescent and the Red Cross in history should be considered as a subject worthy of study. Besides the military

health personnel and services accompanying the military troops, the services of the Red Crescent and the Red Cross in the Tripoli and Balkan campaigns and in the 1st World War also forms an important part of multinational medical activities. The enemy in these battles was not only the other army but disease in the form of epidemics, which respected neitherside. Typhus, cholera and dysentery epidemics were thus also an inevitable part of this history. Of these wars, the most tragic one was that which took place atthe Dardanelles strait, where all the firstyear students of theOttoman Medical School lost their lives in defending the strait against the Anzacs in 1915, with no students surviving to graduate in theyear 1921. Professor John Pearn, a councillor of ISHM, has written on «The First Australian Casualty Clearing Hospital at the Gallipoli Beachhead", and he is planning to lecture on the subject during the Istanbul Congress. A tour to the Dardanelles is organized for the 38th Congress participants.

A brief review of British-Ottoman relations as they refer to medical history, shows the potential for more detailed study. One of the earliest and best-known episodes is the story of the observation of the wife of the British ambassador, Lady Montagu, of smallpox inoculation practised by old women. Her description of this and the application of it to her relatives and acquaintances led to its being known as the Turkish method (1717). There is scope for research into whether this method of smallpox variolation existed in other European countries.

Close relations began after the 1830s and a short time before the declaration of the Ottoman Reform, the *Tanzimat* of 1839, some British physicians had been sent to Turkey by the British Government and the British doctor McCuffog, employed in the British Embassy in Turkey, played a great role in the development of Ottoman-British political relations. When the Ottoman Quarantine Board began to employ European members in 1840, there were British doctors, for example, Coleman, as a representative of Britain on the Quarantine Board and Dickson, who worked in the quarantine office and was so highly appreciated that he was awarded a royal medal by the Sultan.

The Crimean War was a most effective occasion for fostering further relations with Britain. Many British doctors, like John Hall and Humphrey Sandwich, were employed in the British troops during the Crimean War. Sandwich published his memories of Turkey in his books, *The Siege of Kars*and *The Hekim Bashi.* The Selimiye Barracks in Scutaria was turned into a hospital and assigned to the wounded British soldiers. There will be a Congress tour to this building where British physicians such as Mapleton, the head physician of the British troops and Cumming and Blackwood and many others worked, some of them dying during the typhus epidemic in the winter of 1855.

We have no information of the great number of British physicians employed here. About forty British nurses came to Turkey during the Crimean War and several, namely, Margaret Goodman, Mrs. Roberts, Mrs. Bracebridge, Sophia Barnes and Charlotte Moore worked in the Selimiye Hospital with the founder of modern nursing, Florence Nightingale. They performed a remarkable service here and this work formed the basis of modern nursing. Barnes and Moore died here and were buried in the British Cemetery in *Haydarpasha,* which you can visit during the Istanbul Congress.

A second group of nurses came to Turkey and served in the Kuleli Hospital. The Crimean War led to the foundation of the first Ottoman medical association, the *Societe Medicale de Constantinople* in 1856, amongst the founders of which were Drs Pincoff, McCarthy, McCuffog, Meredith and Julius Millingen. The Society's language was French and it issued the *Gazette Medicale d'Orient.* All these activities were quite new for the Ottomans.

Another product of the Crimean War was the foundation of British, French and Austrian hospitals. The British Seaman's Hospital was founded in 1855 and physicians such as John Patterson and Stanislaw Zebrowski were employed here.

During the Istanbul Congress you can visit the hospital with its interesting architecture, planned and rebuilt by an English architect Percy Adams, in 1904. About a quarter of a century later, many British physicians, such as James Casson, a graduate of the Glasgow Medical School and Drs Geoffrey and Stephenson educated in the Edinburgh Medical School, were employed in Turkey, this time by the Ottoman State, during the 1877-78 Turkish-Russian War. There were a great number of other physicians employed, of whom we know nothing but their names. Following the armistice of the 1 st World War, British troops returned again in 1919 and some resided in the School of Medicine in Istanbul. The paper read by the late Professor Sehsuvaroglu during the 23rd meeting of ISHM in London deals with some aspects of English-Ottoman relations in medical history.

Relations with.the United States in the 19th century were rather limited, but developed in the 20th century to be wide spread and of great importance. Protestant American missionaries came first in the early 19th century and in 1920 an American hospital was started in Istanbul. The early American health institutions were started by the American Board of Commissioners for Foreign Missions.

Besides hospitals, dispensaries, pharmacies, orphanages and widow houses were founded during the last quarter of the 19th century. Amongst many hospitals founded in different provinces, were the *Aintab* American Medical School (1876) as a department of the Central Turkey College and its hospital, which still exists, and the Marsovan hospital (1897) and social aid institutions. However, the main advance in American medical involvementtook place within the first ten years of the 20th century.

In addition to the health institutions and social services mentioned here, many others founded by foreign countries served in the Ottoman State mainly taking care of their own subjects. Examples were the Russian Saint-Nicolas Hospital (1874), the Bulgarian *Eviogui Gueorgieff Hospital* (1902) and the *Associazione Commerciale Artigiana di Pietaland* (1838) founded to aid European labourers and their families and the *Maison de Notre Dame de la Providence* (1839). The Ottoman Sultans gave financial support to foreign and minority health institutions both at their foundation and later, when ever needed. During the Istanbul Congress Professor Nuran Yildirim - a member of ISHM- is going to lecture on hospitals founded by Europeans in Istanbul, describing the causes and needs leading to their foundation.

Health practitioners from many countries, many efficient, some quacks, with different languages and beliefs, were in continuous competition in the area. It would be interesting, as well as informative, to consider the European physicians and surgeons, as well as other personalities, who wrote of their visits to the Ottoman provinces, during different periods, describing their views and impressions of medical practices and problems, thus giving a European perspective to these matters. Such authors include Drs William Witmann, Arthur Reid, Felix Maynard and Armin Muller.

International conferences dealing with Ottoman health questions and politics, such as the *Paris Health Conference* in 1851 reflect the political outlook of European countries towards Ottoman health problems. Afterthe 1865 cholera epidemic, France offered to hold an international health conference in Istanbul. The work of the European delegates who attended the 1866 *International Istanbul Health Conference* would be very interesting to look at, an example being

the study, published by Antoine Fauvel in 1868 *«Le Cholera, expose des travaux de la Conference Sanitaire Internationale de Constantinople».* European-Ottoman relations were not limited to the transfer of medical knowledge and practice, but also included commercial relations. The French and the Germans acted as competitors in the Ottoman field of health. The subject of Ottoman drug and medical equipment trade with European countries is worth discussing as a matter of economical importance.

If the history of medical technology and methods imported from Europe (disinfection, sterilizers, vaccines against hydrophobia, diphtheria etc.) is taken into consideration, one can imagine the extensive relations between the two cultures and hence the social affects on Ottoman society, as well. In addition, a study of Ottoman medical or other equipment exhibited in international exhibitions and the Ottoman health practitioners who went, for example, to the 1858 *Pahs Exposition* and the 1851 and 1862 London exhibitions should allow further observations to be made.

It is important to remember that all Ottoman peoples were citizens and subjects of the Ottoman State as well as being Turks. They were honoured as chosen subjects and favoured by the State and employed and had active roles in the politics and culture in Ottoman society. Minorities and foreigners had health and social aid institutions from their own communities. In fact, Ottoman history is not only the history of the Ottoman Turks, but of all the peoples and countries within the borders of the Ottoman State, who have a common history and are its inheritors.

Thus, nations which started their independent governments later, share a long history with the Turks. These include countries in North Africa - Egypt, Algeria, Morocco, Tunisia and Libya, countries in the Balkan peninsula -Greece, Bulgaria, Albania, Yugoslavia, Rumania and Hungary and countries in the Arab peninsula - Iraq, Syria, Jordan, Saudi Arabia and Palestine. Insufficient research and publication on their medicine during the Ottoman period is available at present. We hope that the representatives of the countries which were once within the Ottoman domain are able to undertake the study of the subject as a period of their own history.

The story of various institutions, hospitals, pharmacies, laboratories, practices, and politics related to medical history can only be told in detail if researches are made in the archives and libraries of these countries. In addition, libraries and archives of many other countries, such as the British Museum, the Universities of Cambridge and Manchester, The Wellcome Institute in London, the Bodleian, Dublin, Chester Beatty, Berlin, Vienna, Escurial Gotha and Bibliotheque Nationale libraries and archives etc. contain rare and valuable material concerning Ottoman medical history. In addition, there is a great deal of foreign material in the Ottoman State Archive in Istanbul.

The 20th century has developed so fast in so many directions that it will take a long time for detailed study and evaluation. However it is appropriate to comment on the brain drain of medical doctors who have migrated from Turkey to Europe and the USA during the 20th century, now in danger of being forgotten. Like other countries, Turkey needs to think about its current international medical relations as well as those in the recent and ancient past, thus allowing it consider its expectations for the production and transfer of medical science and technology in the future.

This paper is a short look through a long story, intended as an overview for those interested in the field. I hope it will be a stimulus to colleagues leading to the uncovering of new and valuable information, which will help us along a route towards developing our international relations and our understanding of them.

The human skin, Vesalius, VII, 2, 94 -101, 2001

The human skin: A meeting ground for the ideas about macrocosm and microcosm in Ancient and Medieval Greek literature

A.A. Diamandopoulos, P. Goudas and A.H. Diamandopoulou

Summary

We have been interested in the cleansing capacity of skin during the recent years. In a paper of ours (1) we presented a few references to Hippocrates' and Galen's ideas on the subject, while the main body of the article was based on the 17th-20th centuries' relative practices. In a second paper (2), we were mainly testing the ancient and Medieval Greek ideas on skin catharsis against some clinical work of ours. In this paper we now present the ideas of the pagan and Byzantine Greek authors (5th cent. BC -10th cent. AD) 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 Empedokles 'conceptol'the four elements and Hippocrates'thesis concerning the four humours, the Earth itself was personified and became a living organism that felt cold, perspired and became dry. Man started to seek a natural explanation for his diseases and alterations of his body functions. Hence, perspiration, fever, urination, headache, stroke, were explainedin cosmologicalterms. Extracts from many medical and non-medical writers, like Empedocles, Hippocrates, Aristotle, Galen, the Fathers of the Church, Meletius latrosophista, Theophilus Protospatharius, Michael Psellus and other sources are presented, in order to show the close relationship between an abundance of diseases and an array of natural phenomena.

Résumé

Ces dernières années nous nous sommes penchés sur l'étude des capacités purificatrices de la peau. Dans notre premier article à ce sujet nous avons présenté des références Hippocratiques et Galéniques alors que l'essentiel de cette communication était consacré aux pratiques médicales du XVIIe au XXe siècle qui y sont relatées. Dans un second article nous avons axé notre étude sur la comparaison entre les anciennes notions de «catharsis» de la peau et certains de nos travaux cliniques. Dans cette étude-ci nous développons le point de vue des auteurs paiens et Gréco-Byzantins du Ve au Xe siècle après JC sur la relation entre le corps humain et les mondes naturel et artificiel. L'accent est mis sur le parallélisme entre la purification transcutanée et la purification du Monde. Se basant sur la similitude entre le concept Empidocléen des 4 éléments et la thèse Hippocratique des 4 humeurs, la Terre fut elle-même personnifiée et devint ainsi un organisme pouvant ressentir le froid, transpirer et sécher. L'Homme essaya de découvrir une explication naturelle à ses maladies et à l'altération de ses fonctions corporelles. Dès lors la transpiration, la fièvre, la miction, le mal de tête et l'attaque d'apoplexie furent explicités en termes cosmologiques. Des extraits de nombreux auteurs médicaux et non-médicaux tels qu'Empédocle, Hippocrate, Aristote, Galien, les Pères de l'Eglise, Meletrius latrosophista, Théophile Protospatharius, Michel Psellus et d'autres sources sont présentés, afin de démontrer le lien étroit entre une multitude de maladies et une série importante de phénomènes naturels.

Introduction

Western scientific thought was born about the 6th/5th century BC, on the Greek shores of Asia Minor and concurrently at the other end of

A.A. Diamandopoulos, Horio Romanou, Patras, Greece, 26 500. Tel + 061 641364, fax: +061 622227

Hellenism, the southern Italian region of Magna Grecia. In the East, Thales of Miletus, Anaximandros, Anaximenes, Heracletos of Ephesus were the main representatives of this important cultural event, while in the West, Xenophanes, Empedocles of Acragas and Parmenion were co-founders of pre-Socratic philosophy. The eastern philosophical line of thought was characterized by an Olympian and abstract attitude, and coolly set the scientific questions aboutthe creation of the universe, justice and the principles of physics. The western attitude was more metaphysical and was occupied with dilemmas like the existence or not of the non-being. Between these two ends was the Pythagorean theory, which stood in the middle, chronically, geographically and - more important - philosopically. It combined mathematical philosophy with theology, and tried, based on that foundation, to explain the order of the world (3). The *physicist* investigates, forexample, the ultimate constituents of matter, the modes of combination of the elements, and their natural movements. Besides astronomy, physics in Greece includes not only the sciences we would call dynamics, physics and chemistry, but also all the different branches of biology (4). Although the correlation made between phenomena of the external natural and man-made worlds (called here after *macrocosm)* andtheinternalbodyfunctions (called henceforth *microcosm)* wasn't always successful, it still represents a huge advance from the previous state of the human mind, when everything was explained by divine intervention. Now permanent rules were proposed to explain the bodily functions, and those rules applied also to the whole of Nature. Hence, man was not regarded as the center of universe, but rather as part of it. The idea was basically correct, and was enhanced with the establishment of Christianity. The new christian dogma was definitely not anthropocentric, but preached the all-embracing plan of the Almighty, which included macrocosm and microcrosm alike. The extreme manifestation of this Greco-Christian doctrine was, unexpectedly, found in the anarchist iatrophilosopher of the 16th century, Paracelsus.

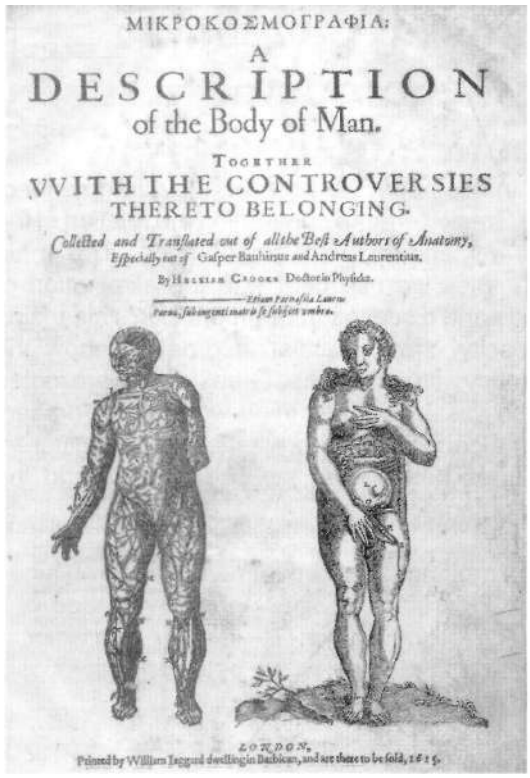
In this paper we present a few fragments of the Greek literature concerning the relation of the internal and external phenomena. The main examples we use deal with the elimination of fluids and diseases through the skin's cleansing capacity, the catharsis. In order to show the potency with which those Greek ideas were rooted in the western scientifc mind, we shall also present some iconographic representations from different cultures dating from the Midde Ages and the Enlightenment.

A gross idea about this impact can be obtained from Figure 1, that shows the cover page of a book published in the 17th century, and which is devoted to the interaction between macrocosm and microcosm.

Material

The first Greek codex we present is from the work of Empedocles (5), a famous philosopher, poet and physicist, who lived in Southern Italy in the 5th century BC. He wrote:

«Furthermore, all (animals) inhale and exhale in the following way. All animals have flesh tubes that are full of blood and, inaddition. these tubes are spread on the skin's surface. Onto the orifices of these tubes the body's uttermost surface has been cleaned through being furrowed with dense pores in such a way as to be able to contain the blood (in the body); a clean passage should be opened up for the air by means of the cuts and through the pores. Owing to this fact, when the thin blood rushes to an opposite direction in relation to the pores, the air dashes in them as an uncontrolled wave. When the air springs again through [the center of the body] to the surface, then the air is exhaled outwards. A similar event occurs when a young girl plays with a clepsydra made of glistering copper: When she supports the opening from the bottle's neck with her lovely hand and sinks the clepsydra into the silver-coloured water; the air can no more enter the vessel whereas the volume of air from within


ΜΙΚΡΟΚΟΣΜΟΓΡΑΦΙΑ:
A
DESCRIPTION
of the Body of Man.
TOGETHER
VVITH THE CONTROVERSIES
THERETO BELONGING.
Collected and Translated out of all the Best Authors of Anatomy,
Especially out of Gasper Bauhinus and Andreas Laurentius.
By HELKIAH CROOKE Doctor in Physicke.
LONDON,
Printed by William Iaggard dwelling in Barbican, and are there to be sold, 1615.

The front page of the Book: Microcosmography (The title is in Greek), Published in London, Printer laggard William, 1625.

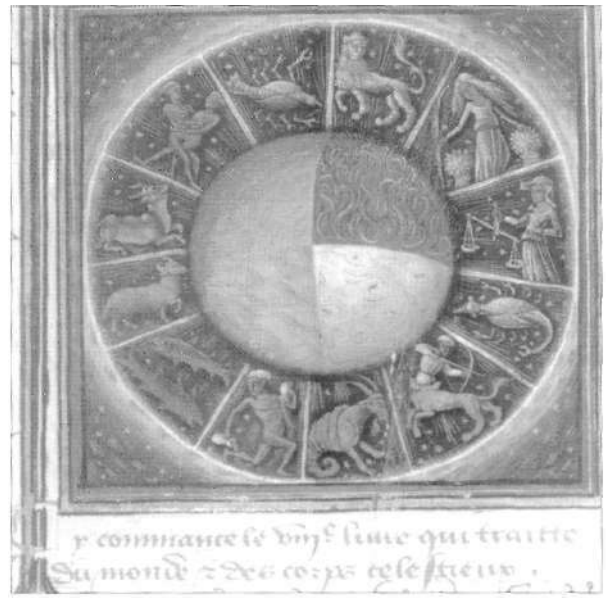
obstructs it as it falls onto the little pores, until the girl [having withdrawn her hand] provides a free passage so that a dense stream of air comes out. Now then when the air has vacated the interior of the clepsydra, a proportional quantity of water comes into it. The same occurs when the water has occupied the deep interior of the vessel, and through the human skin [that is the habit] the pore and the neck [of the vessel] as well as the outside air have been obstructed due to the fact that he air has been obsessed with the idea of penetrating into the vessel. Holdingthewateratttheneck'soutlet, producing a deep sound, maintaining under its possession the edge of the neck, until the girl proves a way out by removing her hand. Then, after this and exactly in the opposite direction, compared to what occurred before, the air falls inside, and a proportional quantity of water is withdrawn. The same occurs with the blood that is moving with vehemence through the body's parts. When it rushes inwards by returning backwards then the stream ofairpenetrates with swift undulation. When the blood rushes upward from the body's depth, the air is exhaled outwards in equal proportion [s]».

We will illuminate better the relative cultural climate of antiquity with two other poets' views. During the 1st century AD, Ovid, in his poem *«Metamorphoses»* describes the ability of a humanized Earth to absorb and re-excrete liquids when he speaks of the killing of Marsya and the shedding of tears for his death: *«The fertile earth got soaked, and soaked it caught the tears and drank them deep into her veins. Transforming them into water, she sent them back out again to the open air (...)».* During the same period, in his poem *«On the Nature of Objects»,* Lucratius presents another version of the entire body's pores, which corresponds to our topic more fully:

«I will try now to remind [you] of how poriferous a body all things have, a fact that was also stated in my previous ode. Because, truly, although the fact that we realize this is important for many things, and at any event for those which I am going straightforward to speak of, it is more than necessary to be certain that here is nothing more than [the truth] tha t a body is perfora ted by pores. One first such complex [gives evidence for this]: in caves, the rocks above our heads discharge moisture and percolate muddy drippings. Likewise, sweat drips from our body (...)».

Hippocrates, the Father of Medicine, in the 5th cent. BC had elaborately commented on the relationship between human perspiration and global phenomena. We quote here only one passage:

«Because, on the one hand, the salty (residue) is leaving it (the water) due to it's thickness and heaviness, and hence, the salts are created. On the other hand the sun is lifting the lightest part (of the water) due to its lightness. And it rises not only from the lake- waters but also from the seawaters and from every where the wet element resides [...] and from the human being it (the sun) lifts the thinnest and lightest from their moisture (the perspiration) [...]» (6).



Bartolomeus Anglicus, "On the Properties of Things", France, Le Mans, 15th cent, BNF, FR 135, The Four Elements and the Zodiac Circle, fol. 285.

Aristotle, the great philosopher and physicist wrote in the next century:

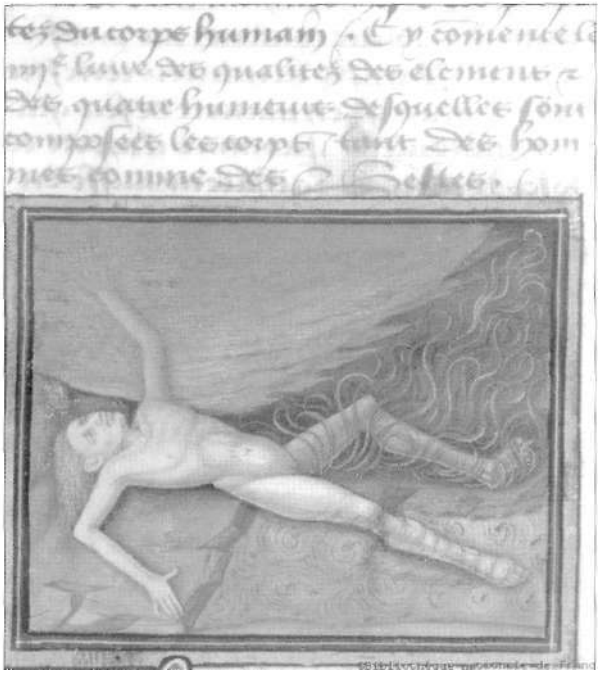
«[...] And some of them say, that the Earth becoming warm by the sun, it (the sea) becomes sweatwise, hence, it is salty, because the sweat is also salty. Some others say that the reason of saltiness is the soil. Exactly as the (water) sieved via a mass of ashes becomes salty, likewise the sea becomes salty after being mixed with this kind of soil. [...]» (7).

But further on, he produces a counter-argument, which we now know is closer to reality:

«Similarly, it is ridiculous for it to be said that the sea is the earth's perspiration [...] exactly as Empedocles said, because he may have said that adequately for poetry (because the metaphor is characteristic of poetry), but not adequately for understanding nature, as it doesn't become evident how perspiration turns salty (produced) by a sweet drink. [...] It seems that the same reason applies to the excrement collected in the bladder. As it also becomes bitter and salty, although the liquid swallowed by drink or contained in the food is sweet. Because, if exactly as the water sieved through ashes becomes salty, accordingly, the same happens, when, a similar salty substance that apparently exists in the vessels, is either decanted into the urine, or is excreted from the flesh mixed with the sweat, in a way, washing it (the saltiness) out from the body via the excreted water, it then evidently applies to the sea, that an earthy substance mixed with the liquid is the reason of its saltiness [...].» (8).

The next example comes from the renowned medical writer Galen (9), while he commentated on Hippocrates' Aphorisms:

«He [Hippocrates] didn't say that water is never poured during the whole period after drought, but that [it does so] in extremely small quantities, with the exception of the first period after the autumn equinox till the Pleiades, all the rest of the year has a predominance of lack of rain. He called <transitory> this condition of the environment, well, if it is really true that in accordance with the environment the animals'bodies are altered, then they become wetter during the rainy period and drier during the rainless, and during the hotter seasons the head becomes light, while during the colder it becomes drowsy, and the [body] parts around the thoracic cavity and the lungs will feel pain. Well, the bodies in resemblance to this condition, which we are intending to examine, and which has an intermittent nature between exactly the crystal-clear and the rainy, they [the bodies] have also an intermittent condition which, allow me to call cloudy, because being that the environment and the bodies being obliged to change and resemble it accordingly, and it isn't too bad for the sake of clarity to call this condition imposed on them somehow cloudy, because exactly when winter is caring for the familiar constitution, it is necessary the wet and cold humor to be generated, [i.e.] the phlegm, and again in summer the hot and dry, [i.e.] the yellow bile, hence, whenever the environment is cloudy, one of the humors predominates; in the phlegmatic natures and ages [the] foggy and cloudy, as someone can call phlegm, in the choleric [nature] again the foggy and cloudy bile, because always something vaporous is excreted from our body, but in dry [environmental] conditions a



Bartolomeus Anglicus, lOn the Properties of Things?, France, Le Mans, 15th cent, BNF, FR 135, The Composition of the Human Body, fol. 135.

lot of it, and on wet ones very little, which is then accumulated inside us similar to fog and mist it works on our implanted spirit.»

We continue with the work of an Early Byzantine writer, Alexander of Tralles (10). I quote:

«But if tremor and rigor appears [...] and the temperature (in these fevers) makes many peaks and troughs mimicking the doves'dung which according to the succession of decomposition lights a fire that extinguishes again (and then again flares up). [On the contrary to other kinds of infections], as we can see to happen with tar and asphalt or with reeds and wicks and many other similar materials, and everything that is ready to succumb to fire and lit, hence, if a spark happens to appear, they are immeasurably inflamed, [...] something similar happens inside us, because the pneuma starts to be burned [...]»

(11) Palladius Medicus, while commenting on Hippocrates, wrote in the 5th century:

« There is a sign during gymnastics, the perspiration pouring drop by drop, as if coming from sewage [...]».

During the 9th cent. AD, Meletius the Monk, was an ardent supporter of the relation between macrocosm and microcosm. His whole theory about the three digestions and purification of the human body was based on the comparison of the macrocosmic phenomena to the biological microcosm. In the beginning of his work *"Essay on the nature of man»* he clearly states his aim which was to show *« which of the world's elements [the nature] harmonizes with the body, and what part of the world equalizes with the body».* He elaborated on Galen's and Hippocrates' relative ideas, writing that:

«Because man is made from body, and every body is composed from four elements, it is necessary to suffer from these kinds of diseases which are fit for the elements; and the elements [are these] by which the whole universe is made, i.e., earth andwater andfire andair, [...] the blood, being warm and moist, corresponds to air, the yellow bile, being warm and dry, corresponds to fire, while the black bile, being cold and dry, to earth, and [lastly] the phlegm, being cold and wet, to water.»

We present the next two illustrations (Figure 2 and 3) from the medieval manuscript *«On the Properties of Things»* written in the 12th century by Bartolomeus Anglicus. They represent vividly Meletius' thesis that the human body and the Earth are made from the same four basic materials. Five centuries later, in an unpublished Greek manuscript on folk medicine, which is presented here forthe first time, we read the same parallelism between the four elements of the body and the those of the universe, i.e., the earth, the water, the fire and the air.

Of particular interest is Meletius' parallelism between the body's and the city's drainage:

<<The creative or better yet the guardian nature, [...] in caring for the animal, it created channeling pores through which the waste and muddy substances of the body are purified. Because as it knew that food is on the one hand useful to the body but also has wasteful elements, for this reason it invented these (pores) just as they who care for the

cities, build sewers and streams, so that whatever waste material is collected it can be eliminated into lakes, rivers or seas.» (12)

Afewyears later, Theophilus Protospatharius, the famous Byzantine doctor wrote, in collaboration with others, two works emphasizing the same parallelism between human physiology and the natural and man-made world:

«[Lefs say] that there is a pre-warmed, red hot and empty boiler, and [there is also] cold water; we pour that water into the boiler, and we then touch the water and we find that it becomes warm and piping hot not by conduct, because the boiler has the temperature by conduct and the water by relation, why, one thing is the conduct and another thing the relation, so we say that the boiler has the warmth by conduct, while the water by relation, keeping in mind that the transmission of heat to the water happens by convection. And from this example it is evident that it is possible first the solid [tissues] to be affected by fever, and then by transmission the liquids and the gases may be affected. Reversing this example we may apply it to the fever affecting the [body] liquids the reverse example. [Let's say that] the same boiler exists, but cold, let now someone fill it with warmed and piping hot water, we will find then again the water being warm by conduct, while the boiler relatively warmed. And what do we now gain [from this example]?, that when the liquids are suffering, and are in fever by conduct, the solid [tissues] remain unharmed and they are only warmed by relation. Look then, you have an example of both kinds of general fevers, [i.e.] of the hectic one affecting the solids and on the one affecting the liquids.» (13).

In another work of his (14), we read:

«Apoplexy is the loss of sensitivity and motion from the whole body with damage of the overruling energy, whose cause is a phlegmatic moisture filling the brain and its whole mass. It occurs exactly as a cloud racing around the Sun obstructs it and doesn't permit it to illuminate the Earth, likewise in this case the moisture, as a cloud, is covering the brain, and prevents it to send out powers to the whole body, and hence it stays still and senseless».

Ioannes Apokavkos, the 13th century intellectual, who became bishop of Naupactos in Western Greece, was an ardent letter-writer. His epistles to friends and adversaries have been recently published. In one of them, sent in the year 1219, to the philospher Niceta Choniate, Bishop of Athens, he thanks him for his gift of a parcel containing a kind of local caviar. Very modestly, he describes that costly food as suitable for poor hermits, because:

«Those fish-eggs, embalmed, and on the one hand dry by the sun's rays, on the other hand hollowed from their naturally attached humidity [...] similarly, you ha ve been dried up from every wordly flabbiness, by Christ, the spiritual sun, and thus you don't excete any humour. In a different way of speech, I call you a moist wood, permanetly hydrated by the perspirations of virtues [...]» (15)

Poetry didn't restrict itself into likening the Earth with a perspiring body, as Aristotle commented. It also endowed it with internal organs, which may suffer in resemblance to the human organism. John the Evangelist, wrote in his Apocalypse:

«[...] But the face of Earth will be (flat) like a table and white like the snow, and the Earth's kidneys will be in flame, and it will cry loudly to me saying: I am a virgin in front of you, Lord, [...]» (16)

Saint Athanasius followed the same line in the 4th? cent. AD:

« There aren 'tmany wills as you ha ve thought, as it isn 't necessary for them to be many wills because there are many creations. But exactly as, with a single will, he created man from several members and made him from different

Tobias Kohan, iThe plan of mani, 18th cent. A drawing likening the human body with the different compartments of a dwelling.

parts, (like) eyes, ears, noses, hairs, bowels with their variant composition, spleen, liver, kidneys, and everything that is inside us, likewise (God) created the whole world with a single will.» (17)

Michael Psellus, the polymath of the 11th cent., wrote on the resemblance of the human mind with a house:

«[...] accordingly to a higher way of speaking, dismemberment may even be found in a single man. Because each one of us happens to be five-compartmental senses wise, hence, metaphorically (the man) is also called house, as the host of the (five) senses.» (18)

And in another work, the same poet draws a parallel between the human body and the religious establishment. The head resembles Christ, the body resembles the Church, the neck and feet stand for various Saints, the hands forthe Apostles, the abdomen contains the souls of the innocent, etc. (19)

In the 12th century, the Bishop-intellectual Eustathius of Salonica compared again the body with the universe and the city:

« That monarchy is a good [regime] is proved by the celestial order which is governed by one guardian, the Almighty, [...] one is the sun which is awarded to inspect the Earth during the whole day, and one is the moon that is the eye of the night, and the king of kings (God) established one king in our castle, the brain » (20).

From the last five texts we trace the tendency of the medieval intellectuals to use the various members of the human body as a mode of classification for scientific theories or abstract ideas. Later, Tobias Kohan, the Jewish doctor of the Sultan, the successor to the Byzantine Emperors, published a book in the beginning of the 18th century, named «The plan of man». In a drawing from it we can see (Figure 4) exactly the same likeness of the physiology of a human body and the architectural designs. Parthenogenesis is rare in Nature and very rare indeed in Science!

Discussion

The mechanical theory with which Greeks, and afterwards the majority of Western thinkers - like Paracelsus- tried to explain the biological phenomena, cannot be rigidly applied to human physiology. The concept of a natural geometry is imperfect. Geometry would not work if it was at times as chaotic as the rules of nature can be. And nature could not function if its rules were so inflexible as those of geometry. Let's take for example the thermoregulator of a machine, and compare it with the thermoregulating function of the body, i.e. vasodilatation and perspiration. We are unable to take from the body its thermoregulating apparatus, to dismantle it or to re-insert it. We cannot either, based on mechanical models, predict the level of its function after a hormonal or a sentimental stimulus. Every human being is characterized by a given genetic code of four nucleotide chains. This code obeys mathematical laws. It is numerical and can be expressed with

the laws of biology. According to the environment the nucleotide complex can be multiplied and produce facsimile offsprings. However, the environment, given casual external factors, can lead to different types of human beings. Hence, we observe two contrary processes. One stable and one based on chance and necessity (21). The human body may work in a parallel mode with the universe but does not slavishly copy it. Human physiology is the work of an artist and not of an engineer (22). Even so, the similarity between macrocosm and microcosm was, and still is, enthralling. It can be epitomized in Aristotle's teleology, which supports his thesis of the final cause of nature. Indeed, he expressed the view that one of the main purposes of studying animals is to reveal in them the order and the beauty of nature.

Conclusion

Although the phenomena and processes of biology fall short of the regularity and uniformity of the heavenly bodies, the animal kingdom provides, nevertheless, evidence in abundance, as Aristotle put it: *«of the absence of chance and the serving of ends of nature»* (23).

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Biographies

Athanasios Diamandopoulos is a Nephrologist, Associate Professor of Medicine, Head of the Renal Department at St. Andrew's Regional Hospital, at Patras, Greece. He is also an Historian of Medicine, with a B.A. in Archaeology.

PavlosGoudas is Registrar in the Renal Department at St. Andrew's Hospital, and an Historian of Medicine.

Hilary Diamandopoulou is an Ophthalmic Optician and a Ph.D. of the History of Medicine. She is also working in the same St. Andrew's Hospital.

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Compte-rendu du Conseil d'Administration, de la S.I.H.M., Paris, 30 juin 2001

Minutes of the Administrative Council, of the I.S.H.M., Paris, June 30th, 2001

Sous la présidence du Prof. Jean-Pierre Tricot

Présents à la réunion du Conseil d'Administration du 30/06/01 à l'Hôpital du Val de Grâce, Paris :

Bureau exécutif :
Profs. J.P. Tricot (Président) et Madame Y.V. O'Neill (Présidente sortante), Dr. A. Lellouch (Secrétaire Général), Dr. E. Lomax (Secrétaire Général Adjointe), Profs. C. Burns et A. Musajo-Somma (Trésoriers), Dr. J. Blair, Prof. N. Sari, Dr. A. Ségal (Vice-Présidents).

Membres invités au Bureau :
Dr. J. Cule président honoraire et rédacteur en chef de *Vesalius* ainsi que Prof. G. Ferngrenn, Dr. J. Honti, Dr.R. Mayer, Prof. J. Pearn et Mr. R. Price Conseillers.

Délégués nationaux des pays suivants :
Algérie (Dr. M. Aroua), Allemagne (Prof. K. Bergdolt), Belgique (Mme D.Gasparon), Chili (Prof. R. Cruz-Coke), Etats-Unis (Prof. B..Parker), France (Dr. Ph. Albou), Grèce (Prof. Diamantopoulos), Hongrie(Dr. J. Honti), Israël (Prof. Shifra Shvartz), Roumanie (Dr.N. Marcu), Royaume-Uni (Dr. D. Wright), Slovénie (Prof. Z. Slavec), Suisse(Dr. R. Mayer), Tunisie (Prof. R. Mabrouk).

Excusés : Les Délégués nationaux des pays suivants :
Argentine (Prof. A. Kohn-Loncarica), Australie (Dr. J. Thearle), Canada (Dr.R. A. Macbeth), Espagne (Dr. J. G. Echeverria), Finlande (Mr. H. Strandberg), Italie (Prof. G. Zanchin; loco : Prof. Musajo-Somma), Malaisie (Prof. F. Jamal), Pologne (Dr. T. Brezinski), Portugal (Prof. A. Ricon-Ferraz), Tchéquie (Prof. E. Strouhal), Ukraine (Prof.Y. Duplenko).

1. Approbation du procès-verbal du Conseil d'Administration et de l'Assemblée Générale précédents (Galveston, Septembre 2000)

Le Procès-verbal tel que repris dans le numéro de *Vesalius* de décembre 2000 a été appouvé. Des propositions de modification de certains articles des statuts de la SIHM ont été faites. Le président Tricot a attiré l'attention du Conseil sur la nécessité de mettre en oeuvre des procédures correctes. Il a signalé aussi qu'il pouvait être procédé à de simples ajustements du règlement intérieur sans avoir à changer les statuts.

Under the presidency of Prof Jean-Pierre Tricot

Present to the meeting (June, 30, 2001) the following members :

Executive Bureau :
Prof J.P. Tricot (President), Prof Y.V. O'Neill (Past President), Dr A. Lellouch (General Secretary), Dr E. Lomax (Associate General Secretary), Profs C. Burns and A. Musajo-Somma (Treasurers), Dr J. Blair, Prof N Sari and Dr A. Segal (Vice-Presidents).

Invited members :
Dr J.Cule, honorary president and *Vesalius* co-editor; Prof G. Ferngrenn, Dr J. Honti, Dr R. Mayer, Prof J. Pearn and Mr R. Price (Councillors)

National Delegates of the following countries :
Algeria (Dr M. Aroua), Belgium (Mrs D. Gasparon), Chile (Prof R. Cruz-Coke), France (Dr Ph. Albou), Germany (Prof K. Bergdolt), Greece (Prof Diamantopoulos), Hungary (Dr J. Honti), Israel (Prof Shifra Shvartz), Romania (DrN. Marcu), Slovenia (Prof Z. Slavec), Switzerland (Dr R. Mayer), Tunisia (Prof R. Mabrouk), United Kingdom (Dr D. Wright) and United States (Prof B. Parker).

Apologies: The National Delegates of the following countries :
Argentina (Prof A.Kohn-Loncarica), Australia (Dr J. Thearle), Canada (Dr R.A. Macbeth), Finland (Mr H. Strandberg), Italy (Prof G. Zanchin; loco : Prof Musajo-Somma), Malaysia (Prof F. Jarmal), Poland (Dr T. Brezinski), Portugal (Prof A. Ricon-Ferraz), Spain (Dr J.G. Echeverria), Tchequia (Prof E. Strouhal) and Ukraine (Prof Y. Duplenko) .

1. Approval of the Minutes of the previous Administrative Council and General Assembly (Galveston , September11 and 2001)

The minutes, as recorded in *Vesalius* December 2000 were approved. Proposals were made to change some ISHM by-laws. President Tricot called the attention of the Administrative Council that the correct procedures have to been followed to do it and that some regulations can also been implemented without changing by-laws.

2. Rapport de la commission de vérification de la validité des mandats des délégués nationaux

La commission (Prof. O'Neill, Dr. Mayer, Mr. Price) n'a pas formulé de remarque particulière.

3. Nouveaux délégués nationaux

Etats-Unis :	Pr B. Parker
Israel :	Pr S. Shvartz
Malaisie :	Pr F. Jamal
Slovenie :	Pr Z. Slavec

4. Allocution et propositions - programme du President J.-P. Tricot

La mémoire d'aujourd'hui dans l'histoire de la médecine de demain.

On sait que l'imprimerie a été inventée par Gutenberg en 1434. Au début les livres étaient très rares et extrêmement chers. On peut affirmer, qu'à partir du XVIe siècle, le livre imprimé est devenu le support de diffusion du savoir général et du savoir scientifique dans tout le monde civilisé. Avant cela, la tradition orale combinée avec quelques manuscrits rares limitaient l'expansion de la vie intellectuelle à certains cercles cléricaux et à une partie infime de la population.

Dans les dernières années du XIXe siècle et dans les premières années du XXe siècle, la science médicale, la pratique et la politique de santé furent radicalement transformées. En tant que nouvelle science, la médecine devint de plus en plus performante durant cette période. Plusieurs parlent d'un certain âge d'or de la médecine, associé à la conquête des maladies épidémiques infectieuses par les soi-disants chasseurs de microbes qui découvrirent les sulfanilamides, la pénicilline et la streptomycine. Des vaccins effectifs furent développés, l'espérance de vie s'accrut rapidement. Il y eut un glissement d'un financement philantropique des soins médicaux vers un financement gouvernemental. Plusieurs nouveaux défis ont fait leur apparition au XXe siècle : la résistance des micro-organismes aux antibiotiques, l'extension des maladies chroniques et l'apparition d'une nouvelle maladie comme le SIDA. Les défis ont contribué à une nouvelle relation impersonnelle médecin-malade, aux coûts énormes des soins médicaux modernes, à la prolifération de différentes professions dites médicales, et au manque cruel de soins et de thérapies dans le tiers-monde.

Owing to the fact that the content of most médical books is already obsolète when published, due to the rapid progress of science, and owingto the factthat the most important médical journals maybeconsulted on-line, we hâve tofearthatafterhalf a millenium of existence, the "printed word" will disappear in a more or less near future and that the electronic information will replace the written one. For the second time books will become very rare and expensive. Computers, CD roms, internet and the Worldwide

2. Report of the Commission for the verification of the validity of the national delegates' mandates

No comments were made by the Commission (Prof O'Neill, Dr Mayer, Mr Price).

3. New national delegates

Israel :	Prof Shifra Shvartz
Malaysia :	Prof Farida Jamal
Slovenia :	Prof Z. Slavec
United States :	Prof Bruce Parker

4. Presidential address and program by Prof J.-P. Tricot

The Memory of Today in the History of Medicine of Tomorrow

Even for the development of the medicine, the art of printing was a révolution. Médical knowledge became universal. Without printing presses the work of Vesalius, Paré, Harvey, Paracelsus, Sydenham, Boerhaave and so many otherfamous physicians on the one hand, and the translations of the Greek, Arabie and Hebraïc authors on the other hand would not hâve been so quickly disclosed in so many countries in such a short lapse of time. Furthermore vernacular scientific literature quickly replaced Latin and medicine became more compréhensible and less obscure. It became possible to check good médical practice according to the spécifie epoch by referring to some authoritative books and so a new médical professionalism could develop. Plenty of médical journals appeared during the last two centuries. Until very récent times it was a deontological duty for each physician to read some of them regularly to keep themselves well informed on current diagnostic and therapeutic progress. Thus, by reading books and journals of the last two centuries, we can discern différent consécutive emphases in the development of medicine :

In the XIXth we see the appearance of institutional care for the destitute and the protection of public health, the sponsorship by différent states of medico-scientific, mostly laboratory investigations, and the promotion of médical science with a profound reform of médical éducation.

We are aware new issues will be debated in medicine in this XXIst new century : genetics, new reproductive technologies, ethics and last but not least informatics. Until now we hâve been able in the last centuries to practise the history of medicine, founded upon data we find in books and journals and we became accustomed to use primary as well as secondary référence sources in them.

web are replacing the classic libraries.
Are we sure that all this information will be available for our descendents in a few centuries ? We have now the problem of "acid paper" in our recent books. Is a similar problem with digital data not to be considered ? I think the problem is worth debating.
En premier lieu nous avons a etendre le spectre de l'histoire de la medecine. Plusieurs personnes sont concernees et ceci en fonction de l'aspect etudie. Diverses approches sont possibles : medicale (du point de vue du medecin ou du point de vue du patient), paramedicale, culturelle, sociale, economique, financiere, politique et mondiale. La medecine doit etre consideree dans le sens large de la definition de l'organisation mondiale de la sante : la recuperation d'un sentiment de bien-etre tant physique, psychologique que social et ceci grace a des mesures aussi bien preventives que therapeutiques. Le but de preserver la memoire de la medecine contemporaine dans le futur saura etre atteint en selectionnant l'information significative, en distribuant les taches, en determinant la periode apras laquelle des innovations, decouvertes et changements notoires valent la peine d'etre releves et en choisissant un bon systeme de support qui pourra encore etre consulte meme en l'an 3000.
Comment selectionner l'information medico-historique interessante ? En lisant une des dix revues medicales de pointe, nous devont realiser que tous les articles envoyes a la redaction sont soumis a un comite de lecture, et qu'en general plus de 90 % d'entre eux sont refuses, les 10 % autres renvoyes a l'auteur pour toute sorte de correction. Ce n'est que par apres que l'article est publie. Chaque numero d'une telle revue du top mondial peut done pretendre avoir un contenu de qualite, selectionne et original.
Prenons comme exemple un des demiers numeros du «Lancet» ou du «New England Journal of Medicine». La quantite d'information dans un seul numero d'un tel journal est stupefiante. Concemant les traitements medicaux nous pouvons trouver une panoplie d'articles decrivant la valeur de certains vaccins et de certains medicaments. Egalement l'indisponibilite de traitement specifique dans certains pays comme le traitement du SIDA en Afrique du Sud, le dilemne de traitement ou de non-traitement dans la douleur dans des patients en phase terminale etc... D'autres articles tres interessants sont specif iquement orientes vers la chirurgie ou vers la gynecologie. Certains articles abordent une problematique d'un pays specifique. La correspondance est egalement fort enrichissante. Plusieurs de ces journaux tachent aussi d'atteindre un certain niveau culturel. Nous pouvons y lire des interviews avec des savants de haut niveau, des presentations de lieux medico-historiques interessants ainsi que d'expositions temporaires. Des explications peuvent egalement etre fournies a propos de diagnostics obsoletes.

In short, every number of every leading medical journal is quite like an encyclopaedia. Medical historians will certainly need some reflection before being able to judge what were the very important health achievements over a longer lapse of time like a decennium or a century. The year surveys published at the end of each year by the leading medical journals are to fragmentary and to close to the events to be considered as immediate relevant historical sources.
Very recently a 750 pages thick book was published in England with the very ambitious title «Medicine in the 20th Century». In the foreword the editors, Roger Cooter and John Pickstone acknowledge how difficult it is to divide some periods and for instance to select the so-called important events in the last quarter of the century. On the other hand the classification of the history of medicine based upon the different centuries is also somewhat artificial.
Nowadays teaching history of medicine is not a sinecure. Actually there is certainly no tendency to create new chairs of the history of medicine. Why not come back to some old (and good) habits. Why not convince all professors of the medical faculties to begin their course with a short historical approach of the subject they will treat. In the same way investigators should always start by getting thoroughly acquainted with not only the recent but also the old, so-called historical literature on their subject. This could be a challenge to attract more young research workers in our discipline : to imagine the most appropriate tools to keep the memory of the present and of the close past. These purpose corresponds perfectly with the original aims the founders of the International Society for the history of medicine worked towards. When one consults the first minutes of meetings held during that era, one realizes that the main goal of the Societyfs promoters was not so much the desire to create an international scientific society whose aim would be to assemble the insufficiently numerous scholars specializing in the subject during that period, but, instead, to promote, by all means possible as well as by a policy of attendance, an interest and a current impelling the study of the history of medicine and emphasizing its importance. It follows that, from the moment of its foundation, the ISHM would open its doors to professional historians as well as to physicians interested in the history of medicine.

A l'issue de son allocution-programme, le président Tricot a proposé trois groupes de travail thématiques auxquels ont souhaité participer certains membres du Bureau executif et du Conseil d'Administration : «Histoire intrinsèque et extrinsèque de la Médecine et Humanités médicales» (Profs. Burns, BergdoltetSari, Dr.Lellouch) ; «Enseignement de l'Histoire de la Médecine» (Prof. O 'Neill, Dr. Lellouch) ; «Mémoire du présent dans l'histoire de la médecine de demain». Le

At the end of his allocution, president Tricot proposed to create three specialized thematic workshops to which some members of the Executive Bureau and of the Administrative Council wished to participate : «Intrinsicandextrinsichistory of medicine and Medical humanities» (Profs. Burns, Bergdolt and Sari, Dr. Lellouch); «Teaching the History of Medicine» (Prof. O'Neill, Dr. Lellouch); «The memory of today in the history of medicine of to morrow». President Tricot

président a aussi défendu le principe d'un «Conseil des Jeunes», chargé de mettre en oeuvre des actions novatrices telles que la préservation historique de la mémoire du présent dans la médecine de demain. Les groupes thématiques fonctionneront, au travers d'échanges de courriers et de forums électroniques; une évaluationpourrait être entreprise lors du Congrès d'Istanbul.

5. Rapport du Secrétariat Général (Drs A. Lellouch et E. Lomax)

Le Secrétaire Général a fait part de l'activité de l'année passée. Outre les tâches courantes (accusés de réception des candidatures, réponses aux courriers, échanges de nombreux messages avec le Bureau et les Délégués nationaux), une partie importante du travail a consisté en l'installation, avec le service informatique de la BIUM (Bibliothèque Inter-Universitaire de Médecine de Paris), du nouveau site internet bilingue de la SI HM: www.bium.univ-paris5.fr/ishm (cf. infra : §11). Le développement du site a permis, via le réseau internet, la réception, par le S.G, de plus de 15 nouvelles candidatures émanant souvent de jeunes. Il a également permis l'enregistrement direct de participants au Congrès d'Istanboul. Un texte en français du Prof. F. Sondevorst, intitulé «Coup d'oeil rétrospectif sur la Société Internationale d'Histoire de la Médecine à l'occasion du Cinquantenaire de son existence : 1920-1982" retrace l'histoire de notre Société et de ses Cong rès depuis la création. Ce texte, traduit en anglais par le Dr. E. Lomax, Secrétaire Générale Adjointe a été distribué en séance. Cette histoire de la SIHM est disponible sur internet. A fait aussi partie de l'activité 2000-01 du Secrétaire Général, la préparation scientifique de la séance commune aux Sociétés Internationale et Française d'Histoire de la Médecine, en l'honneur du Prof. Jean-Charles Sournia, décédé en 2000. Cette séance, tenue à Paris, l'après-midi, a impliqué la participation de plusieurs membres SIHM : Drs Tricot, («Sournia, président de la Société Internationale d'Histoire de la Médecine et président du Congrès International de Paris»), Lellouch («La contribution de Jean-Charles Sournia à l'histoire de la Santé publique»), Ségal («Le Professeur Sournia et la Société française d'Histoire de la Médecine») et Cule («Jean-Charles Sournia, mon ami»).

suggested also the idea of a special Council including young ISHM members. The "Young Counci" could be in charge to implement new actions such as the historical preservation of the present in the field of history of medicine of to morrow. Work groups will function through «e mails» and «eforum» exchanges and an evaluation could be given during the next Administrative Council, in Istanbul.

5. General Secretariat's report (Drs A. Lellouch and E. Lomax):

The General Secretary outlined the main activities during the past year. Besides the ordinary activity (answers postal letters and «e mails» exchanging many messages with the Bureau members and with the National Delegates), an important part of theG.S. work was to implement, in collaboration with the information department of the BIUM (Paris Inter Universitary Library of Medicine), the new bilingual ISHM web page (www.bium.univ-paris5.fr/ishm : see, under § 11). The G.S. accepted more than 15 applications for ISHM memberships from young applican via the net. Morever, an important number of participants to the registered Istanbul congress. An English translation of the text written in French by Prof. Franz Sondervorst and entiltled «Backward Glance at the International Society for History of Medicine : 1920-1982» was made by Dr Elisabeth Lomax, the Associate General Secretary and dispatched to each member of the Council, during the session. The History of ISHM and of its past congresses is thus available on internet, in both languages, French and English. Lastly, the G.S. organized a special scientific session, common to ISHM-FSHM and devoted to Jean Charles Sournia's Eloge. This scientific session which took place in Paris, in the afternoon, involved the participation of several ISHM members : Drs Tricot («Sournia, president, of the International Society for History of Medicine and president of the International Congress of Paris»), Lellouch («Jean-Charles Sournia's contribution to Public Health history», Segal («Prof. Sournia and the history of the French Society for History of Medicine") and Cule («Jean-Charles Sournia, mon ami»).

et le Prof. J.P. Tricot (président de la SBHM) précisent que le Journal et son nom *Vesalius* est propriété de la SIHM.

La même SIHM est bien sûr responsable du contenu de la rédaction et prend en charge les coûts de publication. Les accords financiers avantageux consentis à la SIHM pourraient être reconduits.

En définitive, le Conseil d'Administration de la SIHM a témoigné sa reconnaissance à la SBHM pour les efforts financiers qu'elle lui a consenti durant les six dernières années. Lors du prochain Conseil d'Administration, de nouvelles propositions concrètes seront faites pour voir si la SIHM peut assumer l'ensemble des coûts de Vesalius. Le Conseil d'Administration a donné aussi son accord pour nommer lui-même les Editeurs de *Vesalius* (présents et futurs) qui feront automatiquement partie du CA en tant que conseillers. Le Conseil a décidé du maintien la cotisation 2002 au même niveau que l'année précédente : 50 U.S. Dollars ou 50 Euros.

7. Election des nouveaux membres du bureau

Le Prof. Biserka Belicka (Croatie) a été élue vice-présidente à l'unanimité (mandat : 2001-2005). Le mandat de tous les autres conseillers a été renouvelé à un an, à l'exception du Dr. J. Thearle qui, à sa demande, a été remplacé par le Prof. J. Pearn (Australie) qui a rejoint le Bureau et assistait au Conseil.

La composition du bureau 2001 est la suivante :

Président :	Prof. J.P. Tricot (2004)
Secrétaire Général :	Dr A. Lellouch(2003)
Sec. Gén. adjoint :	Dr E. Lomax (2002)
Trésorier :	Prof. C. Burns (2002)
	Prof. A. Musajo-Somma (2002)
Vice Présidents :	Prof. Belicza (2005)
	Dr A. Ségal (2002)
	DrJ. Blair(2004)
	Prof. N. Sari (2003)
Conseillers :	Prof. G. Ferngren,
	DrJ. Honti, Dr. R. Mayer, Prof.J. Pearn,
	Mr. R. Price, Mr. H. Strandberg

and its name Vesalius are the ISHM property, that the same ISHM is responsible for the content and that ISHM pays ail publishing costs. Concerning the last point, some agreements in the financial favour of ISHM could be reconducted.

Finally, the Councii is very grateful to the Belgian SHM for the support offered during the past six years.

During the next Admisnistrative Councii, in Istanbul, new concrète propositions will be formulated to see if ISHM can afford ail editorial, printing and delivery costs of *Vesalius.* The Councii agrée also that the Editors of *Vesalius* should be appointed ex-officio to the ISHM Councii. This would apply to the présent Editors and to future editors. Lastly, the Councii decided that 2002 dues will be maintained at the same level : 50 American Dollars or 50 Euros .

7. New members elected in the Executive Committee

Prof Biserka Belicka (Croatia) is unanimously elected vice-président (mandate : 2001-2005). Councillors terms were renewed for one year, except DrThearle term : on his request, DrThearle was replaced, by Prof J. Pearn (Australia) who joined the Bureau.

Composition of the 2001 Executive Committee :

Président :	Prof. J.P. Tricot (2004)
Secretary General :	Dr A. Lellouch(2003)
Associate Secretary	Dr E. Lomax (2002)
Treasurer :	Prof. C. Burns (2002)
	,. Musajo-Somma (2002)
Vice Présidents	Prof. Belicza (2005)
	Dr A. Ségal (2002)
	DrJ. Blair(2004)
	Prof. N. Sari (2003)
Councillors	Prof. G. Ferngren,
	DrJ. Honti, Dr. R. Mayer, Prof.J. Pearn,
	Mr. R. Price, Mr. H. Strandberg

8. Ratification des candidatures des nouveaux membres

8. Confirmation of new membres[1] applications

Algérie - Algeria
Guellab Abderrahmane, Tchikou Mohamed (drtchikou@yahoo.fr)

Allemagne - Germany
Von Engelhardt Dietrich, Moog Ferdinand Peter, Karenberg Axel, Neumann Josef, Hess Volker Roelcke Volker, Hick Christian, Gross Dominik, Scholz Albrecht, Schott Heinz, Stolberg Michael (Michael.Stolberg@lrz.tu-munchen.de), Werner Gerabek (werner.gerabek@mail.uni-wuerzburg.de)

Australie- Australia
Haneman Ben, Tredinnick Stephen (stredinnick@ozemail.com.au)

Belgique - Belgium
Baeyens Luc, Bauherz George, Biesbrouck M., Bijn Freddy, Bomboir Alfred, Brotchi Jacques (jbrotchi@ulb.ac.be), Cahen Claude, Corriat Pierre, De Backer Christian, De Barsy Thierry (debarsy@naps.ucl.ac.be), De Broe Marc, De Grave Yvan, De Meeus d'Argenteuil Alain, De Rood Monique, Debongnies Jean-Claude, Defoort Paul, De Lay Jean-Jacques, Devree Marie-Thérèse, Godts Pieter, Heughebaert Roland (roland.heughebaert@yucom.be), Lemaire Roger, Leroy Fernand (f.leroy@wanadoo.be), Louryan Stéphane, Maes Jean-Marc, Mariscal Franz, Philippart Franz, Rubens Robert, Scholtes Jean-Louis, "Stichting Jan Palfyn", Suy Raphaël (suy.raphael@pi.be), Trau René, Van der Stricht J., VerbruggenLéon, Versailles-Tondreau Agnès, Volon Henry, Wils Kaat, Witters Edouard, Wylock Paul (paul.wylock@az.vub.ac.be), Xhenseval B.

Brésil - Brazil
Moraes Vardeli (Vardeli@lh.com.br)

Canada
Avery Donald (avery@julian.uwo.ca), Olry Régis (regis_olry@uqtc.uquebec.ca)
Schultke Elisabeth (eschultke@hotmail.com)

Chili - Chile
Chuagui Benedicto, Puente Sergoio (spuente@123click.cl)

France
Forlodou Pierre, Pauthier Celine (celine.pauthier@wanadoo.fr), Trêves Richard (richard.treves@unilim.fr)

Inde - India
KumarR.P.

Irlande - Ireland
O'HogartaighMargaret

Italie - Italy
BOCK Giuseppina (giuseppina.bock@unimi.it), De Ceglia Francesco Paolo, Dibattista Liborio (libdiba@tin.it)

Japon - Japan
Haniu Junichi,"Welsh Society of the History of Medicine Terence D. Turner"

Russia - Russia
Shapovalova Svetlana

Suède - Sweden
Johansson Bengt, Stolt Carl-Magnus

Suisse - Switzerland
Rufener Claude, Fantini Bernardino

Tunisie - Tunisia
Mamza Saddam, Mestiri Said, Zitouna Moncef

Turquie - Turkey
Arikan Ayten(arikan.o@superonline.com), Denli Metin, Ding Gutten, Gokce Ayse, Kurt Namik Kemal, Uvey Dogan

Uruguay
Rizzi Milton

Etats Unis d'Amérique - United States of America
Allured Janet, Andrews Billy (sahabb@legwise.louisville.edu), Boutwell Bryant, Creson Daniel, Dieckmann Janna, Donahue Katharine, Eckerman Nancy, Eimas Richard, Elgjo Ivar, Fife Ernelle, Gordon Ralph, Holman Susan (povertystudies@aol.com), King Lucy Jane (LKing42218@aol.com) Philips Linda, Reynolds Preston, Rakel Robert, Rohrer Robin (rohrer@setonhill.edu), Robbins Mary (gasmer@panther.gsu.edu), Shelburne Samuel (sally.shelb@aol.com), Steinberg David (dasteinberg@cdepot.net), Tilkian Ara (atilkian@aol.com), Ware Elgin, White Elisabeth, York George Kenneth (gkyork@ucdavis.edu)

9. Les Congrès

Istanbul - 2002 :
Au 18/05/2001,584 inscriptions ont été reçues de 64 pays. Ces chiffres de participation peuvent déjà être considérés comme un succès. Parmi les thèmes objets d'appels à communication, le Prof. Sari a insisté sur l'importance que constitue, pour elle, l'histoire des relations franco-turques en médecine, au XIXème siècle, avant même la date (1839) du début de l'enseignement médical ottoman. Elle espère que ce thème suscitera un nombre élevé de présentations scientifiques de la part des participants français. Les posters (2ème annonce) ont été distribués.

Congrès 2004 :
Les Autorités sanitaires russes ne sont pas intéressées par la tenue, en 2004, d'un Congrès SIHM en Russie. Deux autres pays : l'Italie (Bari) et la Hongrie (Budapest), représentés respectivement par le Prof. Musajo-Somma et le Dr. Honti se sont portés candidats. Un vote fut organisé et la ville de Bari a obtenu la majorité. Le Prof. Musajo-Somma a alors présenté brièvement le préprogramme de ce XXXIXème Congrès. La manifestation se tiendra, sous le patronage de la Société Italienne d'Histoire de la Médecine, à Bari et à Metaponto, c'est-à-dire dans l'aire géographique de la «Grande Grèce». Le Prof. Georges Zanchin, actuel Délégué national de l'Italie et titulaire temps plein d'une chaire d'Histoire de la Médecine à l'Université de Padoue partagera, en 2004, les responsabilités du Secrétariat scientifique du Congrès avec le Prof. Joseph Armocida, enseignant, à temps plein, l'Histoire de la Médecine, à l'Université de Varese.

10. Autres Symposia

Trois manifestations scientifiques en histoire de la médecine se sont tenues, sous les auspices de la SIHM : à Bruxelles le 28 août 2001, à l'occasion du Centenaire de la semaine de la Société Internationale de Chirurgie (responsable : Prof. Van Hee), à Lisbonne du 11 au 13 octobre 2001 (responsable

9. The Congresses

Istanbul (2002) :
As of May, 18, 2001, 584 participants have been registered including 64 countries. The above mentionned rates can be considered as a success. Among the topics, Prof Sari emphasized the fact that history of the French-Turkish relationship in the field of medicine is very important as Ottoman medical education was started in France in 1839, though the French-Turkish relationhip had begun much earlier that this date. Thus, she hoped a high number of participants would be coming from France. Posters (2 nd announcement) were distributed .

Congress 2004 :
Russian health authorities did not seem to be interested in an International ISHM Congress, for 2004, in Russia. Two other countries : Italy (Bari) and Hungary (Budapest) were candidates. After a brief presentation by Prof. Musajo-Somma and Dr Honti, a vote resulted in the town of Bari obtaining the majority. Prof Musajo-Somma illustrated the preprogram of the XXXIXth international congress to be held in Italy, in the cities of Bari-Metaponto in the «Magna Graecia» area, under the patronage of the Italian Society for History of Medicine. The Italian National Delegate to ISHM, Prof Giorgio Zanchin, full chair professor for History of Medicine at the ancient University of Padua will share the responsibilities of the 2004 Scientific Secretary of the congress with Prof. Giuseppe Armocida, full chair professor for History of Medicine, at University of Varese.

10. Other scientific Symposia

In a next future, three scientific events devoted to History of Medicine will take place, under ISHM auspices, at Brussels, August, 28, 2001, during ISS week Centenary (responsible : Prof Van Hee), Lisbon from 11 t 13 October, 2001 (responsible : Prof J.L. Doria) and London on 7/

: Prof. J.L. Doria) et à Londres le 7/11/2001 (responsable : Dr. J. Blair). Les programmes, informations pratiques et formulaires d'inscription sont disponibles sur le site SIHM.

11. Le nouveau site internet de la SIHM

«www.bium.univ-paris5.fr/ishm»

Le secrétaire général a rappelle que le nouveau site internet bilingue de la SIHM, décidé lors du précédent Conseil d'Administration de Galveston, est opérationnel depuis janvier 2001. La BIUM (Bibliothèque Inter-Universitaire de Paris) est rattachée à l'Université de Paris V et dotée d'un très riche fonds textuel et iconographique en histoire de la médecine. Une convention, signée entre la SIHM et l'Université de Paris V, sera bientôt traduite en anglais et distribuée lors du prochain Conseil d'Administration d'Istanbul. Le site est actuellement bilingue avec deux versions : l'une française : www.bium.univ-paris5.fr/ishm/fra et l'autre anglaise : www.bium.univ-paris5.fr/ishm/eng. Une troisième version espagnole: www.bium.univ-paris5.fr/ishm/spa est en cours de traduction par le Prof. Cruz-Coke, Délégué National du Chili. Le site comprend notamment : -1' histoire de la Société par les Profs. Sondervorst et Tricot; - la composition actualisée du Bureau et du Conseil d'Administration avec la liste des Délégués Nationaux; - les Congrès ISHM passés, illustrés de photos (dus à l'amabilité du Dr. Honti) et futurs; - les sommaires et les résumés des numéros anciens de \/esa//usdepuis 1996; - deux formulaires d'inscription à la SIHM et au prochains Congrès d'Istanbul peuvent être remplis directement à partir du site; une nouvelle rubrique : les prochaines manifestations historiquestenus sous lesauspices de la SIHM ainsi que d'autres événements internationaux importants pour les chercheurs dans le champ de l'histoire de la Médecine, telle la description du fonds d'archives Grmek. Une maintenance hebdomadaire et/ou bi-mensuelle du site est assurée par le Secrétaire Général et l'informaticien de la BIUM. Toute proposition du Bureau et du Conseil d'enrichir le site sera appréciée. Les Délégués Nationaux sont aussi invités à communiquer au SG les événements en histoire de la médecine de leur pays qu'ils souhaiteraient faire connaître. Une rubrique «Nouveautés», périodiquement actualisée permet d'identifier ce qui est nouveau sur le site et les nouveaux événements. Enfin, la production issue des nouveaux Groupes de 11/01 (responsible : Dr J. Blair). Programmes, practical information and application forms for registration are available on the ISHM page.

11. The new ISHM web page

<<www.bium.univ-paris5.fr/ishm>>

The G.S. reminded the new ISHM bilingual web-page decided during last Galveston Council was operational untill January 2001. BIUM is the Inter-University Medical Library of Medicin, attached to the University of Paris V. This Medical Library in Paris has a very rich documentary (textual and iconographic) sources, devoted to history of medicine. The draft contrat, drawn up in French between ISHM and BIUM, will be translated in English and submitted to the next ISHM Administrative Council, at Istanbul. The new page is on : www.bium.univ-paris5.fr/ishm. It is a bilingual URL, including English (www.bium.univ-paris5.fr/ishm/eng) and a French (www.bium.univ-paris5.fr/ishm/fra) pages. A third version, translated into Spanish (www.bium.univ-paris5.fr/ishm/spa) is beeing prepared by Prof Cruz-Coke, the National Delegate of Chile and will be available soon. ISHM web page includes mainly : history of ISHM, from the beginning, written by Profs Sondervorst and Tricot, current list of the Executive Committee and of the Council members with professional addresses and National Delegates e mails), past (illustrated by some photographs made by Dr Honti) and future congresses, ISHM publications with issues of *Vesalius,* including summaries of papers published from 1996. Two application forms for membership and for participation in the Istanbul congress can be filled directly from the web. Lastly, on the «News», onecanfind mentioned the next Symposia of Lisbon and London and the other international events important for searchers in History of Medicine, such as, for instance, Grmek's archives. The page is maintained twice a month by both, the ISHM general secretary and the computer scientist of BIUM. New proposals and suggestions coming from Executive Committe officers or from Council members will be appreciated because they will be able to improve the quality of the page. Morever, national delegates are kindly invited to communicate to the general secretary the events in the field of history of medicine of their countries they

Travail thématiques lancés par le président Tricot et les échanges et forums auxquels ils donneraient lieu apparaîtront aussi sur le site SIHM.

12. Publications - Actes des Congrès

Tunis-Carthage (1998) : Le Conseil remercie chaleureusement le Prof. Mabrouk, délégué national de la Tunisie. Malgré le décès du Prof. Ammar, organisateur du Congrès de Tunis-Carthage, les Actes ont pu être publiés et envoyés aux participants par le Prof. Moncef Zitouna.

Galveston (2000) : Le Conseil félicite le Prof. Burns pour la remarquable organisation du congrès et pour la publication prochaine des Actes qui seront distribués à Istanbul. L'intégralité des Résumés des communications orales du congrès pourra binetôt être consultée sur le nouveau site de la SIHM.

13. Varia

Création d'une médaille "Jean-Charles Sournia": Mme Christine Fay, fille du professeur Sournia, a informé le Conseil d'Administration, qu'elle souhaitait faire don à la SIHM de 50 000 FF (7622, 45 Euros). Cette donation est destinée à récompenser, sous forme d'une «médaille Jean-Charles Sournia» un travail scientifique original de qualité, en histoire de la médecine et/ou de la Santé Publique, en français, émanant d'un jeune chercheur international de moins de 35 ans. Elle sera décernée, à Paris, tous les deux ans, lors de la tenue du Conseil d'Administration. A l'unanimité, le Conseil d'Administration de la SIHM a accepté ce don et a remercié la bienfaitrice. Ce geste contribuera à perpétuer le souvenir d'un président et d'un conseiller très appprécié de la SIHM.

Modification des statuts et du règlement intérieur de la SIHM : Il appartiendra aux membres du Bureau et aux Délégués Nationaux de formuler par écrit, en les motivant, les propositions de modifications qu'ils souhaiteraient introduire concernant certains articles des statuts et du règlement intérieur de la SIHM. Les projets écrits, adressés au Secrétariat Général, seront diffusés parses soins puis, discutés et votés lors du prochain Conseil d'Administration de la SIHM, en vue de leur éventuelle adoption..

Alain Lellouch
Secrétaire Général

wish to disseminate on the net. Finally, the thematic workshops proposed by Prof Tricot, with their electronic forums, could also appear on the page.

12. Publications. Proceedings

Tunis-Carthage (1998): The Paris Council thanked warmly Prof Mabrouk, the Tunisian National Delegate : and the late, Prof Ammar, the main organizerofTuniscongress, now,the Proceedings have been published and sent to the particpants by Prof Moncef Zitouna.

Galveston (2000): The Council congratulated Prof Burns for the remarkable organization at Galveston and for the next publication of the Proceedings. These will be distribute at Istanbul. All the Abstracts of Galveston oral presentations can be also read on the ISHM page.

13. Varia

Production of a "Jean-Charles Sournia medaille": Mme Christine Fay, Jean-Charles Sournia's daughter has offered, to the ISHM, 50 000 FF (7622,45 Euros), to create a medal, to be called «medaille Jean-Charles Sournia», which will reward an original scientific work in French on the History of Medicine and/or Public Health, submittel by an international studen under the age of 35 years. The "medaille Jean-Charles Sournia" would be awarded, each two years, when the Administrative Council meets in Paris. The Council unanimously accepted the gift and thanked Mrs Fay for her generosity. The «medaille Jean-Charles Sournia» will perpetuate the memory of a man who will remain an appreciated SIHM president and councillor.

Proposals to modify ISHM bylaws and rules : Those members of the Bureau and National Delegates who would wish to modify the existing ISHM bylaws and rules are kindly requested to send to the General Secretary the written and motivated proposals of modifications. The Secretariat will disseminate them . Afterwards, the proposals could be more easily debated, voted and possibly adopted by the next ISHM Council.

Alain Lellouch
General Secretary

Symposium Report

Réunion Internationale d'Histoire de la Médecine Lisbonne, Portugal, 10 -13 octobre 2001

Depuis quelques années déjà, à l'instigation du président actuel, le Conseil d'Administration de la SIHM avait suggéré l'idée d'organiser une réunion les années impaires, afin de donner l'occasion aux membres qui ne pouvaient participer aux congrès bisannuels de partager malgré tout le fruit de leur recherche. C'est donc avec enthousiasme qu'a été accueillie la proposition du Dr. José Luis Doria, que nous devons féliciter d'avoir réussi l'exploit d'organiser ce premier symposium international en moins de 8 mois. Pourcela, il a obtenu l'appui de la Faculté des Sciences Médicales de l'*Universidade Nova* de Lisbonne, la collaboration de la Société de Géographie de Lisbonne et de la SIHM; le Prof. Lufs Nuno Ferraz de Oliveira en assurait la présidence.

Au total 115 participants, dont 79 portugais et 36 étrangers venant de 21 pays, se sont donc retrouvés du 10 au 13 octobre 2001 à Lisbonne, et pour tous ceux qui ne connaissaient pas cette ville, une promenade guidée de 4 h. avait été organisée le premier jour en prologue, afin de découvrir le parcours médico-historique «du Tage à Santana». Ce parcours a été décrit dans le numéro précédent de Vesalius (VII, 1). Dans la soirée, nous avons été reçus à la maison de l'Ordre des Médecins, créée en 1938, et dont le bâtonnier, le Prof. Germano de Sousa, nous a retracé l'histoire des associations médicales portugaises lors de sa conférence de bienvenue.

Durant 2 jours, dans un rythme d'enfer, les tables rondes et les conférences se sont succédées sur des thèmes originaux et intéressants : «Construire l'histoire de la médecine», «Parcours de l'histoire de la science et de l'art de guérir», «L'art médical : élément charnière entre sciences exactes et sciences humaines», «L'histoire de la médecine dans l'enseignement médical», «La médecine et les échanges culturels», «L'Ethique du médecin : passé, présent et avenir» pour les conférences et : «Sources pour la mémoire de l'histoire de la médecine» , «Point de repère dans l'histoire de la science et de l'art de guérir», «L'art médical : élément charnière entre sciences exactes et sciences humaines», «L'histoire de la médecine dans l'enseignement médical», «Mélange de cultures. Lasanté et les influences de la médecine: Europe, Asie, Afrique, Amérique» pour les tables rondes. En tout, plus de 50 communications et 30 posters ont été présentés. L'apport des membres de la SIHM fut loin d'être négligeable. C'est ainsi que l'attention de tous les congressistes fut attirée sur le prochain congrès de la SIHM en 2002 à Istanbul.

Le programme, qui a été distribué aux participants, reprenait les biographies succinctes de chaque orateur ainsi que les résumés de toutes les présentations et ce dans les trois langues officielles de la réunion : le portugais, l'anglais et le français. Des traductions simultanées étaient assurées durant toute la durée de la réunion.

Mais les organisateurs ne se sont pas contentés de nous proposer un programme scientifique plus qu'intéressant, ils se sont coupés en quatre pour ne pas nous laisser le temps de nous reposer. Et même si le programme social était facultatif, nous ne pouvions rien manquer du fait de son intérêt.

Durant toute le durée du congrès les participants ont eu l'occasion de visiter plusieurs locaux historiques de la Faculté des Sciences Médicales, dont les murs sont ornementés de grands tableaux représentant les diverses époques de l'histoire de la médecine depuis la Grèce antique jusqu'à la fin du XIXe siècle, ainsi que des «azulejos» montrant les étapes prépondérentes de la Médecine Portugaise. C'est dans ce cadre que fut organisée une très intéressante exposition temporaire d'objets médicaux. C'est également là que se tint un salon d'oeuvres artistiques (peinture, sculpture, etc.) de médecins portugais contemporains.

Durant la soirée du jeudi 11, nous avons d'abord été reçus à la mairie de Lisbonne pour une réception dans la salle où a été proclamée la République portugaise, le 5 octobre 1910. Ensuite nous nous sommes rendus au Musée de la Pharmacie, créé en 1981, qui retrace l'histoire de la pharmacie sur une période de 5.000 ans. Un musée exceptionnel où les objets sont particulièrement bien mis en valeur et regroupés par thèmes tels que «La pharmacie au Portugal», «La pharmacie chinoise», «Les antécédents primitifs», «L'Egypte, la Grèce et Rome», «La pharmacie médiévale», etc.; quelques très belles reconstitutions, grandeur nature, parmi lesquelles une pharmacie du 18e siècle où José Francisco Leal (1744-1786), professeur de physiologie et de médecine à l'Université de Coimbra, est représenté. Nous sommes ensuite retournés à la Faculté des Sciences Médicales pour une soirée typique portugaise. Une jeune chanteuse de fado, Katia Guerreiro, une voix superbe, nous a émerveillés avec ses chansons. Malgré sa carrière artistique, Katia est une jeune diplômée en médecine de la Faculté des Sciences Médicales, il y a 6 ans elle était encore l'élève du Dr. Doria et du Prof, de Oliveira.

Le lendemain, après les sessions scientifiques, nous avons été reçus à la Société de Géographie de Lisbonne. Cette Société, fondée en 1875, avait pour but la divulgation des travaux des cosmographes et navigateurs portugais... et nous savons qu'ils étaient nombreux ! C'est là que s'est donnée la Conférence de clôture et que le Comité d'Organisation du Congrès a décerné le prix de la réunion au Dr Yesim Isil Ulman (Turquie) pourson poster : «Artigiana: a 163 years old health institution in Istanbul». Nous ne pouvons que féliciter le comité pour ce choix. Le dîner de clôture s'est déroulé ensuite, dans les anciens palais du Comte de Magalhaes et de L'Ordre de Malte, classés comme monuments nationaux et qui appartiennent aujoud'hui au ministère de la Défense.

La journée post-congrès a tout d'abord été consacrée à la visite du Monastère et du Palais de Mafra. Cet important édifice, partiellement religieux et partiellement résidence royale, de style baroque,fut fondé au début du XVIIIe siècle par le Roi Joao V (1689-1750). Il comprend, parmi ses 1.200 pièces, 2 infirmeries - l'une pour les malades graves et l'autre pour les convalescents -, 1 pharmacie du début du XVIIIème, des appartements pour les médecins et chirurgiens, la cuisine de l'infirmerie ainsi que, pour ce qui nous intéresse, une somptueuse bibliothèque (+/-807 m2), où les organisateurs de la réunion nous avaient préparé une magnifique exposition de livres médicaux anciens. C'est de ce palais que le dernier roi du Portugal, Manuel II, partit en exil le 5 octobre 1910.

Après le déjeuner à Sintra nous nous sommes rendu à «Cabo da Roca», le point le plus à l'ouest du continent européen. Le retour s'est effectué en longeant la côte, et nous nous sommes quittés après la visite de l'exposition bibliographique sur l'Histoire de la Médecine, à la «Casa Pia» à Lisbonne. L'exposition avait été montée par le Dr. Oliveira Pedro, ancien élève de la Faculté des Sciences Médicales, principalement à l'occasion de cette première réunion, mais elle fut encore accessible au public durant quelques semaines.

Les congressistes philatélistes et numismates ne furent pas oubliés : les Postes Portugaises avaientprévu une oblitération spéciale le10octobre 2001 et une médaille commémorative a été frappée. Les projets de dessin tant du cachet que de la médaille étaient de la mainduDrJ.-L Doria.

Les organisateurs se sont engagés à publier les travaux de ces journées dans un avenir proche. Tout comme la brochure de programme très détaillée de ce symposium, les Actes constitueront très certainement un ouvrage de référence, à recommander à tous.

Une excellente tradition de la SIHM a ainsi été instaurée à Lisbonne. Espérons que l'initiative portugaise sera suivie en 2003 par une autre, tout aussi intéressante. Le défi ne sera pas facile à relever !

Diana Gasparon

Symposium Report

The Conscript Doctors. Memories of British National Service London, 7 November 2001

On 7 November 2001 the Section of History of Medicine of the Royal Society of Medicine, London, held a meeting entitled *'Liked it or loathed it, we all served. Vignettes of National Service'.* National Service was the system of conscription, introduced in 1948 and lasting more than twelve years, which bolstered the numbers of personnel in the British armed forces afterthe Second World War. Conscripts had to serve for two years. Doctors were not exempt.

Dr J. Blair, a Vice-President of the International Society for the History of Medicine and author of the recent book 'Centenary History of the Royal Army Medical Corps', was himself a national serviceman. About two years ago he realised that a collection of memoirs of doctors who had been conscripted would be a valuable historical resource. With support from the Wellcome Trust and the British Medical Association the resulting archive has now been placed in the Wellcome Institute for the History of Medicine. More than 200 contributed. Unfortunately material in the archive cannot be accessed until twenty years after the death of the individual contributors. Fortunately John Blair had two other good ideas. One was to use abstractsfrom these memoirsto produce an informative and highly entertaining volume called *The Conscript Doctors: Memories of National Service'.* (ISBN: 1 85821 946 9. Available from : Dr J. Blair, "The Brae", 143 Glasgow Road, Perth, UK PH2 OLX, JGB143@aol.com, Price £ 14.95 + postage) The other was to organise this meeting.

More than 120 attended; most had been conscripts. Few women were present, but women were notsubjectto National Service. John Blairand Neil Weir, the President of the Section of History of Medicine, introduced the meeting. The morning session covered the Far East (before coffee) and the Middle East and Mediterranean. There was a long and lively lunch interval, which allowed for renewal of old friendships. The afternoon session was a pot-pourri dealing with postings in the United Kingdom, Africa, Austria and Christmas Island.

The twelve speakers were, without exception, lucid, informative and, at times, highly amusing. Only one was an 'outsider' -Professor John Howard of Ohio, who crossed the Atlantic to describe his sobering experience of medical life with the US Marine Corps during the Korean War; this conflict also drew in Harry Griffiths. Archie Hutchison served in Hong Kong. The career choice of Hughie Webb, a Professor of Neurovirology, was triggered by his time in Malaya. Malta became a temporary home for John Kirkup and Geoffrey Chamberlain. Andy Graham was sent to Egypt in 1953, when it was relatively quiet, while Ken Mills was exposed to the medical horrors of active service during the Suez crisis of 1956. John Aled Williams, the only speaker to have served his time in the UK, was paediatrician at the central Army families' hospital at Aldershot, a plum posting for an embryo children's doctor. Lindsay Symon skied, practised surgery and learned new angiographic techniques in Austria. Ernest Walton might also have had a dream posting, the White Highlands of Kenya, but was diverted at the last momentto an isolated part of British Somaliland. The most unusual experience was probably that of Kingsley Robinson. Whilesurgery occupied most of his time in the RAF he was sent, in December 1957, as the medical officer to Christmas Island; he gave a graphic account of the local organization for the atomic bomb tests.

There were certain common themes: the incongruity of many postings; the social exclusion of some conscript doctors and their wives; the apparent incompetence of some senior regular medical officers; and the horrors of warfare when it was experienced. Army doctors seemed less contented than those who were in the Navy or RAF. The FTA was ubiquitous; but to my great surprise I met one ex-army conscript at the meeting who did not understand the acronym!

Neil McIntyre

Vesalius, VII, 2, 116 -118, 2001

News from member countries
Nouvelles des pays membres

Finland

A new special exhibition on the history of urology was opened at the Department and Museum of Medical History at the University of Helsinki in connection with the Helsinki Meeting of the Historical Committee of European Association of Urology at the beginning of October.

The Finnish Medico-Historical Society continued to celebrate its 40th anniversary: in the beginning of June 2001 the Society visited the Helsinki University Museum and a small special exhibition of old rare medical books from the 16th century at the Helsinki University Library.

The Society made an excursion to the former Sanatorium for Tuberculosis in Paimio at the end of September. The Sanatorium was designed by the famous Finish architect AlvarAaltoatthe beginning of 1930s. The Sanatorium has just been renovated with the greatest care and is now proposed for the list of the World's Cultural Heritage by UNESCO.

With the last meeting at the end of November held at the new Biomedicum center in Helsinki the Society ended its celebrations of the 40th anniversary year. At this meeting the new Biomedical Center in Meilahti was presented to the participants, who also heard about the long history of the architecture of the whole hospital area in Meilahti.

During the autumn the Society also prepared its next issue of the *Yearbook Hippokrates* which will be published in the nearfuture. This volume will include the papers of the 40th anniversary symposium.

Among the recent literature published in Finland on the history of medicine is found M D Arno Forsius' well illustrated book *People in the history of medicine* published by the Finnish Medical Association as well the book on the *history of Diseases* by MD Heikki S. Vuorinen, both books in Finnish.

The Society forthe History of Medicine in Turku made at the beginning of June an excursion called «in the footsteps» of Gabriel van Bonsdorff (1762-1831), the first archiater in Finland. The next meeting in October was devoted to the history of water maintenance in Turku since the 19th century and hygiene in Finland. It is also worth mentioning that, on the initiative of the Society in Turku, a new street in Turku was named after MD Carl van Heideken, who founded the first maternity hospital in Finland in 1890.

The Medico-Historical Society of Eastern Finland has during this year concentrated on the history of the old garden for medicinal herbs founded in 1777 in connection with the Pharmacy in Kuopio. The society has also started a project on the history of the Military Hospital in Kuopio during the Second World War. The chairman, Professor Juhani Karja gave a paper on this topic and a lively discussion followed. Photographs and memories of former patients at the Military Hospital will be collected for this project.

Hindrik Strandberg

France

Le centenaire de la Societe Francaise **d'Histoire de la Medecine (SFHM)**:

La SFHM, deuxieme societe nationale a avoir ete creee (en 1902, deux ans apres la Societe allemande et vingt-et-un ans avant la SIHM), fetera son Centenaire a Paris, les 22 et 23 novembre 2002. A cette occasion seront organisees des conferences a l'Ancienne Faculte de Medecine de Paris, une exposition au Musee d'Histoire de la Medecine et un concert au Val de Grace. Se renseigner sur le site Web de la Societe francaise : <<http://www.bium.univ-paris5.fr/sfhm>> ou bien aupres du Secretaire General: Dr. Jean-Jacques Ferrandis, Ecole d'Application du Service de Sante des Armees, 1 place Alphonse Laveran, 75230 Paris Cedex 05 (France)

Le fond Grmek :

Avant sa mort, survenue le 6 mars 2000, le Professeur Mirko D. Grmek, qui fut titulaire pendant seize ans de la chaire d'Histoire de la medecine et des sciences biologiques a l'Ecole Pratique des Hautes Etudes de Paris, avait choisi de deposer ses archives et sa bibliotheque de recherche a l'Institut Memoire de l'Edition Contemporaine (IMEC), qui garantissait la preservation de l'ensemble du fonds tel qu'il

l'avait lui-meme organise. Ce fonds extremement riche, dont l'inventaire est actuellement en cours, est d'ores et deja consumable. Pour plus de renseignements, s'adresser a Helene Favard (responsable du fonds Grmek, IMEC, 9 rue Bleue, 75009 Paris, Tel : 01.53.34.23.23, Fax : 01.53.34.23.00) ou a Claire Paulhan <<mailto:claire.paulhan@imec-archives.com>>

Jean-Charles Sournia et Bourges :

C'est au nom de notre Societe qu'une demande officielle a ete deposee le 15 novembre 2001 aupres de M. Lepeltier, senateur-maire de Bourges, en vue de rendre hommage (au travers du nom d'une rue ou d'un autre lieu public) a notre ami et ancien president Jean-Charles Sournia. Notre ancien president, qui fut egalement un haut responsable de la Sante publique en France, naquit en 1917 dans cette belle ville du Centre de la France, ou il vecut quinze ans juste a cote de l'ancien Hotel-Dieu. Nous vous tiendrons bien entendu informes des suites de cette demarche.

Philippe Albou

Latvia

An interesting co-operation project between Riga and Utrecht :

The good relationship between the Paul Stradin Museum forthe History of Medicine and the Utrecht University Museum goes back to the early nineties of the last century. On several occasions this relationship has led to fruitful projects.

It all started with a workshop, meant for museum technical staff, organised under the auspices of the EAMHMS in 1993. The main reason was to create a better contact between the former East Block Countries and the Western World. Since that time four more workshops were organised with ever so many positive results. The initiative of the Paul Stradin Museum made it possible to exchange knowledge and skills between the participants. The Utrecht University Museum was especially involved in the organisation as such and in some of the financial matters. Recognizing the importance of such meetings, several foundations, including the National Museum of American History (Smithsonian Institute, Washington, DC), the Prins Bemhard Foundation (Amsterdam) and several others supported them financially.

These workshops indeed lead to a closer relationship between Utrecht and Riga. The results were several projects that we have in common interest. Some years ago an exhibition *«Corpora Nova»,* developed in Utrecht, was taken over successfully by the Riga Museum. Now another exchange took place.

Underthe title « Dramatic Medicine» atemporary exhibition were made up and opened on the 5th of October 2001 in the Paul Stradin Museum in Riga. The Dutch Ambassador for Latvia, Mr Nicolaas Beets, performed the opening itself. The whole project is another remarkable result of a longer lasting relationship between the two Museums.

The exhibition contains a selection of clinical photographs from the Narath- Lameris collection of the Utrecht University Museum, dating from the late 19th and early 20th century. The photographs are amplified by a fine selection of books and anatomical and pathological including teratological specimens out of the rich collection of the Paul Stradin Museum.

The Utrecht part of the exhibition was earlier to be seen there under the title *«Utrechtse Krop»* (Utrecht Goitre). A book containing an almost similar selection is also published under this title.

There are nine main themes : Utrecht goitre, general surgery, congenital malformations, dermatological defects, infectious diseases, orthopaedic patients and rachitic defects. The earlier mentioned specimens and books illustrate the various themes. Each of the photographs is briefly described by a short text.

The exhibition gives an overview of the patients of the time and the medical possibilities and abilities to treat them. Some of the pictures are really horrible, others more remarkable and some just hilarious. The compliers tried to create lively, nottoo shocking exhibitions, howeverthey realize that some of the chosen pictures and specimens may be confronting.

The exhibition is to be shown for 2 months, until the 3rd of December in the Paul Stradin Museum for the History of Medicine in Riga.

We hope this will not be the last of our common projects and invite other institutes to join this initiative that gives many opportunities.

Willem Mulder and Juris Salaks

Slovenia

«Endemic Syphilis - Skrijevo Disease among Slovenians «is the title of a new medico-historical bookwritten in Slovenian, byZvonkaZupanicSlavec. There is also an article about it in English, so the contents are available for international readers.

Skrijevo disease was an endemic syphilis which first appeared in the Croatian coastal region around 1790. It affected Rijeka and Quarnero on the coast and the village of Skrijevo in the hinterland.

It spread towards Dubrovnik in the South, to Trieste in the North, through Istria to Carniola, the Slovene Karst and Primorsko, but there are no reports of the disease reaching Styria or Carinthia. The vectors of the Treponema pallidum were probably soldiers and merchants coming from Turkey, bringing it to Croatia and Bosnia as well as Slovenia.

In the Archives of Slovenia is an unpublished collection of documents concerning Skrijevo disease between 1810-1850 and research by the author on data from these primary sources has helped to reconstruct the events that happened.

Skrijevo disease affected mostly rural areas, where low income, illiteracy and high infant mortality all played a part. Children and young adults fell sick and because of its contagiousness the infection spread easily to other members of the family. Transmission of disease was mainly asexual and extragenital; facilitated by poor economic, social and hygienic conditions.

The clinical picture was similar to sporadic syphilis although for a long time it was thought that there was neither a primary manifestation nor late cardiovascular and central nervous system effects.

There were two views about the new disease.The dualists claimed that it was a mixture of syphilis with diseases such as leprosy, scabies and tuberculosis, while the unitarians saw its resemblance to syphilis and eventually realised that both diseases were identical, with different epidemiologies.

After half a century of disagreement, both parties agreed that the Skrijevo disease was an extragenital type of syphilis. Fortunately, different views on aetiology had no influence on treatment, as from the beginning all agreed that anti-syphilitic therapy with mercurial ointments was the most efficient.

Andres Baron Stifft, a doctor from Vienna, was the first to prepare a programme of treatment for Skrijevo disease. This included obligatory examination of the whole population in the affected area, hospital treatment of all the sick and the suspected, as well as thorough cleaning of the homes of those with the disease. The programme is an excellent example of preventive treatment at the beginning of the 19th century. With this radical approach, it was possible to break the vicious circle of the infectious disease and by systematic work over half a century, to control the disease

In 1818 a hospital was set up at Postojna where Dr Mozetic and later on Dr Zeme treated the sick, using a variety of medicines, including mercurials. Over the next 10 years, with systematic visits to the infected areas, the disease gradually started to lose its hold and people lost fear of it. In 1828 the hospital at Postojna was closed down, the remaining patients being treated in civil hospitals, mainly in Ljubljana. The end of Skrijevo disease was hastened by these efficient methods of treatment and the associated improvements in living conditions.

The book is published by the Institute for the History of Medicine of University Medical School in Ljubljana (zupanic® mf.uni-lj.si).

Mario Kocijancic

Book Review

A History of Anaesthesia through Postage Stamps

Alistair McKenzie

Edinburgh, 2000, published by Maclean Dubois,
Hillend House, Hillend, Edinburgh vii +146 pp
Copies from Dr Alistair McKenzie, 9 Craiglockhart Avenue, Edinburgh, EH14 1HN,
Price £9.50 + postage &Packing

This fascinating book uses postage stamps to illustrate aspects of the history of anaesthesia. The first two chapters discuss plants containing alkaloids and early inhalational anaesthesia. There are then several chapters on the history of various aspects of local and general anaesthesia, including the development of different forms of monitoring equipment.

Aspects of the history of various specialties within or related to anaesthesia, such as obstetric anaesthesia, pain relief, resuscitation and coronary care and intensive care are dealt with in further chapters.

Each chapter is well set out and carefully referenced and brings together events and personalities which are illustrated with stamps from more than 80 countries from Albania to Yemen.

At the end of the book, as well as an index of the names of the people that the book covers, there is an appendix on the chronology of the history of anaesthesia and a list of suggestions for future philatelic issues.

Throughout, the book is clearly written, linking its subjects and the stamps neatly and succinctly. More than 40 pages are devoted to illustrations of the stamps, almost all of them in black and white. The book has been put together with such care that it can be recommended as a source of reference for the history of anaesthesia and related subjects, surprisingly comprehensive for its modest size. In addition it stands also as a testament to the broader educational value of themed philately, and as such it will give considerable pleasure to many with general interests in the history of medicine.

David Wright

Histoire de naître : De l'enfantement primitif à l'accouchement spécialisé

Leroy Fernand

De BoeckUniversité, Bruxelles, 2002, ISBN 2-8041-3817-8, 453 pages, format 23 x 24,5 cm

Outre les préfaces, remerciements, avant-propos, bibliographie et index, le livre est composé de 423 pages réparties en 13 chapitres.

Les cinq premiers chapitres relatent de manière chronologique les premières approches obstétricales de la préhistoire à la Renaissance. On y découvre les premières difficultés liées à la bipédie, les pratiques et conceptions des premières sociétés et grandes civilisations (assyro-babyloniens, hébraïque, Egypte antique, védique, précolombienne).

Vient ensuite le monde grec qui voit l'émergence progressive, avec Hippocrate, de la pensée rationnelle dans un milieu toujours imprégné de références magico-religieuses. Une période de stagnation succède à l'Antiquité. Les écrits arabes perpétuent les connaissances acquises précédemment et les pratiques moyenâgeuses relèvent plutôt des croyances et de l'alchimie. Enfin, les études anatomiques effectuées à la Renaissance dénotent le changement de mentalité lié à cette époque.

Au cours des huit derniers chapitres, l'évolution de l'obstétrique est exposée de manière thématique. On y découvre l'histoire de la confrontation avec les malformations; le rôle des hommes et des femmes au cours de l'accouchement; les modes d'intervention pour améliorer l'accouchement (forceps, césarienne); la perception du mécanisme de la procréation; les maladies infectieuses comme les fièvres puerpérales; la maîtrise de la douleur ou encore les améliorations technologiques du XXème siècle.

Non seulement le sujet est attrayant, mais en plus l'intérêt qu'il suscite s'amplifie au cours de la lecture. La compartimentation du livre permet à la fois une approche structurée des différentes facettes touchant à l'histoire de l'obstétrique et une vision globale, très intégrée de l'évolution de celle-ci à travers les différentes conceptions humaines. Un résumé ne permet pas de rendre compte des multiples notions qui sont présentées au cours des chapitres.

D'autres aspects non spécifiques à un chapitre précis sont abordés dans ce livre.

- L'importance accordée à l'influence des conceptions historiques sur les différentes pratiques est très riche en enseignements. De plus, cette approche permet au lecteur de visiter un large spectre de disciplines comme les philosophies, les sciences sociales, les sciences exactes, etc.
- La dimension magico-religieuse de bien des pratiques confrontée avec l'approche rationnelle en dit long sur le vaste horizon des interprétations accessibles aux différentes civilisations.
- La combinaison des diverses découvertes dans révolution de l'obstétrique (par exemple concernant l'étiologie de la fièvre puerpérale) est explicitée avec une précision riche et sans lourdeur.
- Les illustrations sont tout aussi riches, pertinentes et sans excès.

Tout ceci concourt à rendre le livre très intéressant pour toute personne désireuse de poser un regard, mais aussi de tirer des enseignements sans a priori, sur l'histoire des femmes et des hommes par rapport à la vie.

Gontran Sonet

Retratos of tablas de las histonas del testament o viejo. El "Resumen espanol"

Miguel Serveto y Hans Holbein el joven. - Comentario y notes: Francisco Javier Gonzalez Echevenia
Gobierno de Navarra y Caja Navarra, Pamplona (Spain), 2001, ISBN 84-235-2143-5
1. Facsimile, 100 p., 2. Commentaries 189 p.

In September 2000, at the ISHM congress of Galveston, the author presented the «Resumen Espanol» of Miguel Servet. In June 2001, with the help of the Government of Navarra, he was able to publish a splendid facsimile edition of this book together with explanatory notes and comments.

The book was first published in 1543, in Spanish, 10 years before the *«Biblia Ferrara»* (1553) and 20 years before the Plantinian « Biblia Polyglottia» (1563), the first translated version of the Old Testament.

Servetus (1511-1553), Spanish theologian and medical practitioner, is also known as editor of Dioscorides and to have given the first description in Europe of the pulmonary circulation in his theological book"Christanismi Restitutio" (1553).

The «Resumen Espanol» is illustrated with beautiful woodcuts of Hans Holbein the Younger and is accompanied by a second book, full of commentaries and notes. The work proves that the wide range of culture of humanist doctors, present in the XVIth century, still exists in the XXIst.

J.-P. Tricot

A History of Medicine - Volume IV "Byzantine and Islamic Medicine"

Plinio Prioreschi

Omaha, Horatius Press, 2001, XLIII + 506 p., ISBN 1-888456-04-3

This book can be considered as very useful reading before the 38th International Congress on the History of Medicine in September 2002 in Istanbul. It is the fourth volume so far, in a general survey of the history of medicine that the author has published since 1988. It is a worthy successor to the other volumes, being well structured and well documented with many valuable references

The book is in two parts, (Byzantine Medicine and Islamic Medicine) and in each there is a historical outline followed by short chapters on religion and philosophy and science and technology during the described periods.

Prioreschi makes a very interesting comparison between the medicine of the Byzantine and of the Islamic empires: the first was more conservative, collecting the ancient Greco-Roman texts, while the latter was more innovative, considering medicine as "ars imperfecta", something which could be improved upon. Up to about 1100 medicine in both traditions was more advanced than was medicine in the Western Latin world.

In his (rather long) foreword, condemning the deterioration of peer review in the field of the history of medicine, quoting and commenting on reviewers' critiques, the author notes that all the books in this series have been bought by prestigious universities like Harvard, Yale and Duke. We can only recommend that you do the same.

J.-P. Tricot

Obituaries

Ben Haneman

With great sadness we received the news of the death of Ben Haneman. Ben died on December 18,2001, at the age of 78 in his home town Sydney, Australia. Although retired from clinical practice, he continued to work as a physician in the best understanding of our profession: a wonderful teacher, who was engaged in making our world a better and more enjoyable place to live. A master of the written and spoken word, the feuilletonist Haneman not only had a passion for old books and distant history, he was also actively engaged in shaping very recent history, his involvement in the battle against the use of landmines being just one example. We will remember this passionate advocate whose concern for others is truly an inspiration.

Elisabeth Schultke

Vesalius, VII, 2,122 -127, 2001

Scientific Events

22 - 23 February 2002
Annual meeting of the Southern Association for the History of Medicine and Science
Ochsner Institute, New Orleans

The Association welcomes papers on history of medicine and science, broadly construed to include historical, literary, anthropological, philosophical, and sociological approaches as well as internal studies.

Information :
Michael Flannery
Reynolds Historical Library
Lister Hill Library of the Health Sciences
Birmingham, AL 35294-0013
Tel. 205-934-4475, Fax 205-975-8476
e-mail: flannery@uab.edu

7-10 March 2002
First Annual Graduate Student conference on the Middle Ages
Harvard University

The graduate medievalists of Harvard University and the University of Toronto are pleased to announce *Vagantes,* a new conference organized by and for graduate students pursuing research on any medieval topic. We welcome submissions from all disciplines including those dealing with topics outside the Latin West.

Vagantes will offer a forum in which graduate students can freely share ongoing research, discuss recent trends or future directions in their fields, and engage with a community of their peers. The University of Toronto will host the second conference in 2003; the location will rotate in subsequent years.

Information :
Danielle Joyner
Dpt of the History of Art and Architecture
Harvard University, 485 Brodway
Cambridge, Massachusetts 02138, U.S.A.
vangantibus@hotmail.com

11-13 April 2002
«Sexually Transmitted Diseases in the Renaissance»
A special session at the annual meeting of the Renaissance Society of America, in Tempe, Arizona.

From the Black Death to Fracastoro's «Syphilis» and beyond, the Late Middle Ages and the Renaissance were often forced to deal with the possibility that the current pox had something to do with sex. This session (orsessions) will explore these beliefs and consider how early modern Europe dealt with the conundrum of sexual pleasure and disease. Topics might include, but are not limited to : Forms of inference in the probable arts and sciences, especially medicine; the function of rhetoric in early modern medicine, popular or learned; the presence of medical thought or medical semiotics in European literatures; Medical thought as a paradigm for intellectual history (in the manner of Ginzburg, Allers, Curtius, or Mandlebaum); the rhetoric of healing, healing rhetoric; the role of rhetoric in the profession of medicine; medicine and genre ; symptoms, signs, and medical semiotics; rhetoric and the passions...

Information :
Stephen Pender, English,
University of Windsor, Windsor,
Ontario, Canada N9B 3P4
spender® uwindsor.ca

March 14-17,2002
2002 international Descartes conference
Duke University, at the John Hope Franklin Center for Interdisciplinary and International Studies

The official languages of the conference are French and English, and simultaneous translation will be provided.
Theme: European receptions of the thought of Descartes in the century following his death in 1650. An invited group of international scholars will address questions such as the following. What were the main issues involved in the receptions of Descartes after his death ? To what extent did these issues trigger changes or shifts in Cartesia-

nism ? To what extent were the changes or shifts conditioned by intellectual and social conditions local to a particular region? To what extent did Cartesianism introduce new elements into particular debates dating from after Descartes death, and to what extent did the debates take Cartesianism in a new direction? Does a consideration of the various receptions of Descartes reveal that there are certain essential features of his system, or does it cast doubt on any such essentialist claims? Can one speak of a unified movement, Cartesianism, or would it be better to speak of various loosely connected Cartesianisms?

Information :
Tad M. Schmaltz
Department of Philosophy, Box 90743
Duke University, Durham, NC 27708, USA
phone: 919/660-3059- fax: 919/660-3060
e-mail tad.schmaltz@duke.edu
www.duke.edu/philosophy/descartes/index.html

26-28 May 2002
Annual conference of The Canadian Society for the History and Philosophy of Science (CSHPS)
Toronto

The committee invites historians, philosophers and other scholars of the social sciences and humanities. Please note that the CSHPS meeting, which takes place as part of the Cong ress of the Social Sciences and Humanities, overlaps with the meeting dates of a number of other societies, including the Canadian Society forthe History of Medicine (24-26 May), the Canadian Philosophical Association (May 25-28), the Canadian Society forthe History and Philosophy of Mathematics (May 24-26), and the Canadian Historical Association (May 27-29). The CSHPS program committee welcomes suggestions for joint sessions with these and other societies.

Information :
Program Web Site : http://www.er.uqam.ca/nobel/r20430/schps_toronto_2002/
Canadian Society for History and Philosophy of Science: http://www.ukings.ns.ca/cshps/
Congress of the Social Sciences and Humanities: http://www.hssfc.ca/

24-25 May 2002
«Experimental Arcades: The Materiality of Time Relations in Life Sciences, Art, and Technology (1830-1930)»
Bauhaus University, Weimar, Germany

A conference organized by the Max Planck Institute for the History of Science (Dept.lll), Berlin.
This conference will focus on the problem of time. Its topic will be the exteriority of time with special reference to those realms of the life sciences (physiology, psychology etc.), of art (painting, literature), and of technology (photography, cinema, but also the clock industry) that developed during the period 1830-1930 around the «experimentalization of life».
The conference aims to contribute to the history of objects that allowed for the production, coordination, and distribution of time in the 19th and early 20th centuries. Historians of science, art, and technology are invited to deal with topics such as: 1. Constructing time (instruments, devices, found objects, stones); 2. Organizing multiplicities of times (experiments, laboratories, workshops); 3. Networks of time (clock systems, time discourses)

Information
http://www.mpiwg-berlin.de/exp/tagungen/weimar2002/index_e.html
Dr. Henning Schmidgen
Max Planck Institute for the History of Science
Wilhelmstrasse 44
D-10117 Berlin, Germany
Phone: (+49-30) 22 66 7 118
Email: schmidg@mpiwg-berlin.mpg.de

1 - 5 June 2002
7th Annual Meeting of the International Society for the History of the Neurosciences (ISHN)
UCLA, Los Angeles, California, USA

The 7th annual meeting of the International Society for the History of the Neurosciences (ISHN) will be held Saturday, 1 June to Wednesday, 5 June 2002, on the campus of UCLA (University of California, Los Angeles), in neighboring Westwood Village, and elsewhere in Los Angeles. The ISHN

encourages contributions about all of the history of all of the neurosciences, including basic and clinical specialties, ancient and non-Western topics, technical advances, and broad social and cultural aspects.
The structure of the meeting will be platform and poster papers as well as thematic symposia, all to be refereed by the program committee.
We anticipate that there will not be parallel sessions. Platform papers are normally about 15-20 minutes in duration followed by 5-10 minutes for discussion. Thematic symposia consist of 3 or 4 platform papers submitted together on a specific theme. Poster papers are allowed a 6 x 4 foot poster board area.
The official language of the conference is English.

Information :
Duane E. Haines, Department of Anatomy
The University of Mississippi Medical Center
2500 North State Street
Jackson, Mississippi 39216-4505 USA
+ 1-601-984-1640 phone
+1-601-984-1655 fax
dhaines@anatomy.umsmed.edu
http://www.ishn.org/call2002.htm

6-8 June 2002
Ralph M. Waters Conference
Madison, Wisconsin, Ralph M. Waters, M.D., and Professionalism in Anaesthesiology : A Celebration of 75 Years
Madison Concourse Hotel and Governor's Club 1 West Dayton Street, Madison Wl 53703

This conference will celebrate the arrival of Ralph M. Waters, M.D., in Madison, Wisconsin, in 1927, and explore his legacy in anaesthesia practice and professionalism. Abstracts are invited on any aspect of his career and legacy AND ALSO on any aspect of anaesthesia history related to the three broad areas of professionalism to which Dr. Waters contributed : 1)education; 2)research; and 3)creation of specialty societies designed to promote improvements in the clinical and ethical standards of practice in anaesthesiology.

Information :
Mark E. Schroeder, M.D.
Department of Anaesthesiology
University of Wisconsin Medical School
B6/319 Clinical Science Center
600 Highland Avenue, Madison Wl 53792-3272
Tel. 608/263-8123 - Fax. 608/262-6247
aha2002 @ anesthesia.wisc.edu

June 21-23, 2002
Fourth Congress of the International Working Group in History of Philosophy of Science
Montreal, Canada

The congress is being held in cooperation with Concordia University, McGill University, the University de Montreal, and the Universite du Quebec a Montreal. The conference is open to scholarly work in French or English on the history of philosophy of science from any disciplinary perspective.

Information
Alan Richardson, Department of Philosophy
1866 Main Mall- E370
University of British Columbia
Vancouver, BC V6T 1Z1, CANADA
www.hopos2002.org

10-11 July 2002
The Normal and the Abnormal: historical and cultural perspectives on norms and deviations
Two-day Research Symposium,
Manchester, UK,

How are norms established and defined ? To what extent do historical and cultural contexts play a part in the construction of norms and deviance ? This conference will address questions about the definition and the demarkation of norms and deviance in relation to social, historical and cultural factors.
Information :
Dr Chandak Sengoopta
Wellcome Unit for the History of Medicine
Centre for the History of Science,
Technology and Medicine
University of Manchester - Mathematics Tower
Manchester M13 9PL, UK
E-mail: «c.sengoopta®man.ac.uk

August 18 to 24, 2002
The 5th International Congress on Traditional Asian Medicine
Halle, Germany.

Information :
Prof.Dr. Rahul Peter Das
Institutfuer Indologie und Suedasienwissenschaften
Martin-Luther-Universitaet Halle-Wittenberg
06099 Halle, Germany
Tel. ++49-345-5523652 (secretary -5523651)
Fax ++49-345-5527226 (secretary -5527211)
e-mail: das@indologie.uni-halle.de
http://www.ictam.de

1 - 6 September 2002
38th International Congress on the History of Medicine
Istanbul

An international congress means a great deal of stress on the part of the organizers, a burden to be taken only for realizing worthy aims. International meetings provide a chance for us to get to know our correspondents and the writers with whose publications we are familiar. We come together to share our new ideas and new information, revise, mistakes, confirm existing information on the evolution of medicine; and present each country's contribution to medicine and health.
The 38th ISHM Congress is going to be the focus of the greatest interest so far, for we already have more than eight hundred applicants and letters requesting for information about the Congress.
The scientific aspects of this meeting concentrated on organizing panels related to the main topics, each subject to be discussed by a group of researchers, approaching the subject from different points of view. Alain Touwaide has suggested a panel on «Medicine and Intercultural Exchanges - Byzantium, the Arabic World, the Ottoman Empire". He selected a group of five speakers, namely, F.S. Haddad, M. H. Congourdeau, M.Y. Ermer, E. Glaze and T. Pesenti. This would be a panel related totwoofthe main topics, «Reappraisal of Medieval Medicine and Near Eastern Medicine in History». But, the least studied Medieval Medicine is that in the domain of the Seljuk Turks. The delegates who introduce papers on the subject will be supported by the local organizing committee.
The second main topic is the «History of Medical Philosophy, Health Politics, Legislation and Institutionalization.". James Mohr has been in touch with researchers to organize a panel on the « Medico - Legal Issues in 19th Century», a subject of great importance today. Alex Dracobly, Jeff Ostler, and Guenter Risse (former president of the AAHM) are among the lecturers who are planning to take part in Professor Mohr's panel.
The buildings of our health institutions, especially hospitals symbolize the architecture and civilization of the period. Participants will see an exhibition of the miniature pictures of the hospitals built during the Seljuk and the Ottoman reigns, and view them during the post congress tours.
The third main topic, the «Medicine of the Ancient Near East» will be discussed by Heinrich Von Staden, George York, Julius Rocca in a session headed by David A. Steinberg. On this occasion for the first time in our history archeological relics related to medicine, comprising exhibits on ancient Near Eastern medicine, are to be exhibited in the Museum of Archeology at Istanbul.
We invite participation and discussion *on* the fourth main topic, the «Relation between Turkish Medicine and Medicine of the Eastern and Western Worlds». The local organizing committee will support researchers presenting papers related to Turkish medical history and its international relations, in orderto encourage colleagues to study the subject in the libraries and archives which contain valuable material concerning Seljuk, Ottoman and Turkish medicine. An example of activities in the field is Orhan Kologlu who has recorded many Italian physicians who practised in the Ottoman world. He plans to organize a special session on Turkish-Italian medical relations.
«Historical Sources of Complementary Medicine" is the fifth main topic and Jacqueline Carleton has proposed the theme «Widening Horizons in Contemporary Medical Practice: Alternative, Integrative or Complementary ?» for its panel session. The panelists are Jorge Stolkiner, Gobi Stromberg,

Walid Daw and Zeynep Belbez, moderated by Jacqueline Carleton.

Treatment by traditional drugs is one of the basic means of alternative therapies, which is to be of great importance in our meeting. Many miniature pictures of materia medica manuscripts of different periods are to be exhibited. The exhibition directs attention to the importance of preserving the rich flora of Turkey.

We expectto have a great numberof free papers on the main, as well as other subjects related to the history of medicine. For instance, John Blair will inquire on the problem of «False Historians / the Anti-Historians», and how the doctrine of secrecy prevents true historical speaking or writing, applied to medical history. John Blair has already got in touch with Jim Leavesley and John Ward. A workshop on teaching the history of medicine is to be conducted by Cynthia Pitcock. Laurence Monnais-Rousselot from Montreal University has recently expressed his intention to organize a panel on Asian public health; and Stefanos Geroulanos from the University of loannina has proposed to share a session dealing with a subject of common interest for Turkish and Greek colleagues.

In the social program, we will welcome the participants at the Istanbul Museum of Archeology, where unique pieces are preserved and exhibited. There will be a cocktail party in its garden decorated with the relics of the antique ages of Anatolia. A special exhibition of archeological specimens related to medical history, nearly all unknown by the world of medical historians,will open at the welcome ceremony.

On the third day of the Congress there will be a tour to the Topkapi Palace where the participants will be given the opportunity to visit the Ottoman Head Physicians Office and the Harem Hospital, which are not open to the ordinary visitors. After lunch we shall visit the Military Museum where delegates will hear the "Mehter", the exciting Ottoman instrumental and vocal military music, played by a well trained orchestra wearing original costume. Here, more than four hundred pieces of hand made miniature pictures, some original, others reproductions, all related with medicine and health will be exhibited. Miniature pictures from the manuscripts of the Seljuk and Ottoman periods depicting health practices, as well as schemes representing different aspects of daily life in relation to health are reproduced. A group of fifty artists began the preparation of this exhibition, designed solely for the 38th ISHM Congress. Catalogues will be presented to participants: the past reflected through this exhibition. A cocktail party will be given in the garden of the Military Museum.

Interesting pre and post Congress country tours, as well as city tours are planned for those eager for sight seeing. Istanbul is a thriving metropolis enchantingly exotic and distinctly modern, built on the Asian and European shores of one of the world's most beautiful straits - the Bosphorus. Here you can see imperial residences, gardens, fortresses and the traditional wooden mansions. We will have eight daily city tours, one to attend the whirling dervishes and another to the Florence Nightingale Museum. A pre-Congress tour to Gallipoli, Troy and Bursa; and three post-Congress tours, including Pergamon, Cappadocia and Aspendos are planned.

Information on some recent developments and changes will be announced in the web site and also submitted in the letters of acceptance for abstracts. The deadline forsubmission of abstracts is extended up to February 28,2002. Please follow steadily the new details regarding the Istanbul meeting, in the web site. We believe that the participation of every delegate will enrich the meeting. I am sure that days of meaningful cooperation and activities willfollowourexpectation to welcome you in Istanbul inthefirstweekofSeptember2002.

Attention: The Bank and the account number has changed to be: ISHM 2002 - aAccount No 1202-70012, Turkiye Is Bankasi A.S. Cerrahpasa Branch, 34303 Istanbul / Turkey

Information:

- President: Prof. Dr. Nil SARI
  nilsa@turk.net or nilasari@istanbul.edu.tr
- Secretary: Dr. Yesim ISIL ULMAN
  yesimul@yahoo.com oryesimul@superonline.com
- Organizer: Cnidus Congress & Tourism Agency
  sibel@cnidus-tr.com or cnidus@cnidus-tr.com

17-19 October 2002
«The Body in Early Modern Italy»
Johns Hopkins University, Baltimore, Maryland, U.SA.

This conference will bring together scholars from numerous disciplines to consider the multifaceted representations of the body in early modern Italy, *ca.* 1300-1700. Configurations of the body in the visual arts, literature, and theory (philosophy, theology, medicine, and otherdisciplines) suggest numerous intersections of gender studies with investigations of early modernity. Consideration of the body as either metaphor or physical presence can ground discussion of such topics as political theory, poetics, the physiology of real and imagined orspeculative bodies (the maternal, the embryonic, the impaired, distressed, orpossessed, the confined or banished, the monstrous, the demonic, the sacramental), the body as part or whole, identity or otherness, as matter in its relation to senses, spirit, soul, or mind, the body as vehicle or obstacle to knowledge, the history of the imagination and the emotions, the aesthetics of beauty and grotesquerie. Researchers from a variety of disciplines such as history, art history, literature, history of science, religion, or medicine, or political theory are invited to submit abstracts of 250 words and a one-page cv by 30 March 2002.

Information :
Julia L. Hairston
via G. Branca 70, 00153 Rome, Italy
tel./fax: *39-06-574-4801
jl.hairston@caspur.it

7 - 9 November 2002
Anatomies in Early Modern Europe
Johann Wolfgang Goethe-Universiteit Frankfurt am Main

One set of questions will revolve around the "nature" of the body. Is the body and its anatomy perceived as free from human control or is it perceived as subject to human *control?* Is a change in the perception of an individual person's anatomy related to a change in non-corporeal determinants like rank, age or profession? Here the problem of the fragmentation or integrity of human bodies and their anatomy comes in, and also the problem of the social and cultural impacts of how the human body is perceived by the professions, in science or in various social discourses. How do anatomical concepts shape the formation of social, cultural or gendered identity (e.g. androgyny) - and the other way round? Another focus will be on the means and media of anatomical perception.

Information :
Dr. Gisela Engel
Zentrum zur Erforschung der Fruehen Neuzeit
Johann Wolfgang Goethe-Universitaet
Robert Mayer Str. 1 (FLAT, Raum 622)
D - 60054 Frankfurt am Main
Tel. (069) 798 23282 - Fax (069) 798 25122
http://www.rz.uni- frankfurt.de/ZFN/

22 - 23 November 2002
Centenary of the French Society for the History of Medicine.

The French Society for the History of Medicine (FSHM) will celebrate its centenary in Paris with formal cultural events. The exhibits in the main amphitheatre of the ancient Faculty of Medicine of Paris will conjure up, on one hand, the links developed over the years between the Society and various other bodies and institutions, and on the other, research in medical history. The Museum of the History of Medicine, in association with the Inter-University Library of Medicine (BIUM)and the members of the Society, will present a display of the finest books of the great publishing house J.B. Bailliere, active since 1818. Book dealers will exhibit works in the history of medicine written by members of the Society as well as a selection of ancient books. The Society dinner will be held Friday 22 November. A concert will be given on Saturday 23, November, at the church of the Val- de- Grace.

Information :
Docteur Jean-Jacques Ferrandis,
1, place A. Laveran, 75230 Paris cedex 05
Tel: 0140 5147 28.
Fax: 0140 515193

Application for membership
Formulaire de candidature

Titres: Mr. Mme. Dr. Prof.
Style and titles: Mr. Mrs. Dr. Prof.
Nom/Surname : .....
Prenoms/Forenames : .....
Adresse/Address : .....

Tel./Phone: . . . . . +. . . . . /.
Fax : . . . . . +. . . . . /.
E-mail : . . . . . .
Nationalite/Nationality: . . . . . .
Date de naissance / Birth date :
Points d'interet historique :
Historical Field of Interest:

Epoques etudiees :
Period studied :

Recherche actuelle :
Current research :

Travaux publies dans ce secteur:
Published work in this field :

Signature : Date :

Application form to be sent in duplicate to the General Secretary:
Formulaire a renvoyer en double exemplaire au Secretaire General:
Dr Alain LELLOUCH, Hopital de Poissy, Saint-Germain-en-Laye
20 Rue Armagis, 78105 Saint-Germain-en-Laye, France
Tel. : # 33-1-39 27 42 97/Fax: # 33-1-39 2742 98/e-mail: aajet@noos.fr

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