Medical History Regarding Medical Humanities

New perspectives for education and research
On the establishment of medical history: A brief outline

At the beginning, let us just look at medical history becoming an academic discipline in Germany. Until the 19th century, it was integrated in medical education and research. It was more or less taken as an essential element of academic medicine and medical education. So, the Miscellanea curiosa, the scientific journal of the Academia Naturae Curiosorum (the academy was later called Leopoldina, today „Nationale Akadmie der Wissenschaften“) starting in 1670, presented „observations“ (observationes) of natural things like plants or minerals. They merged empirical data and historical descriptions going back until antiquity.¹ So, the well-known botanist Kurt Sprengel (1766-1833), founder of the botanic garden in Halle (Saale) and a member of the „Leopoldina“, was at the same time a medical historian.

Only in the 20th century, separate institutes of the history of medicine were established within medical faculties independent from other disciplines respectively institutions of theoretical or clinical medicine adopting medical history. So, medical history became gradually a distinct discipline corresponding to the natural scientific turn of academic medicine, which outsourced it as foreign (humanistic) element opposite natural science. The first Institute of the History of Medicine (Institut für Geschichte der Medizin) worldwide was founded by Karl Sudhoff (1853-1938) at the University of Leipzig in 1906. The famous physician and pathologist W. H. Welch (1850-1934) founded the first Institute of the History of Medicine at Johns Hopkins (Baltimore) in the United States in 1926, when he was appointed to the chair for medical history. He was followed by the German medical historian Henry E. Sigerist (1891-1957) from Leipzig in 1932. I cannot point out the growing establishment of the medical history during the 20th century in detail. In Germany, there were only a few Institutes until the 1960s and 1970s. Since then, medical history became a regular part of the medical education, a trend, which was officially reinforced about 2000, when medical ethics was included explicitly.²

¹ Homepage of the Leopoldina – Nationale Akademie der Wissenschaften (National Academy of Sciences): https://www.leopoldina.org/leopoldina-home/
Today, there are about 30 Institutes in Germany labelled rather differently (slide 1 and 2). Apart from the Institute in Stuttgart run by the Robert Bosch Stiftung they are university departments within medical faculties. Since spring 2019, the Institut in Bonn (Medizinhistorisches Institut) is called Institute for Medical Humanities, the only one with this name in Germany. The medical history teaching has specific traits in Germany. It is completely integrated with examinations in the curriculum for medical students and obligatory for all of them. There are one course in „Medical Terminology“ (1st semester), one seminar in „History, Theory, and Ethics of Medicine“ in combination with a semester lecture (5th semester), and finally short workshops in Medical Ethics (last semesters).

There is (so far) no standardized teaching program regarding the contents. That is a great advantage for all: teachers free to choose the topics, which is more stimulating the students as well as the teachers than a rigid program. But a crucial problem has emerged during the last decades: At some Institutes History of Medicine has to give way to Medical Ethics, which seems to be more important – falsely, I think. In regard to Medical Humanities, there is no explicit teaching concept and no comprehensive textbook in German language. But implicitly many Institutes follow the idea of the Medical Humanities even in a period, when this term was not yet coined and as common as today. In the Anglo-American sphere, Medical Humanities comprehend a wide range of topics and are defined differently. The keywords are e.g. „The distribution of the sensible“, „Empathy“, „Creativity and imagination“, „Sensibility and sensitivity“, „Arts educated observation“, „Poetic imagination“, „Visual rhetoric of clinical practice“, „Narrative medicine“, „Ambiguity (concept of William Empson) in medical education“. That is an interesting melange – but there remains a crucial question: What is about medical history?

„Medical Humanities“: Dimensions and subject areas

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4 See WALTER BRUCHHAUSEN, Medical Humanities in Deutschland – komplementäre und kritische Beiträge zur Medizin, in『Bioethica Forum» (2011) 4, pp. 135-142.
6 See ALAN BLEAKLEY, Medical Humanities and Medical Education: How the medical humanities can shape better doctors, Routledge, Abingdon; New York 2015.
Before we may answer this question, we should first try to define the „healing art“ (*ars medicina, Heilkunst*) and its basic elements (slide 3). Within a specific cultural-historical context the healing art depends on science-based medicine on the one hand and the personality of the doctor or healer on the other. Knowledge and skills are viewed as complementary requirements for a qualified healing art in the sense of science-based medicine. This statement belongs to the core of medical didactics. Much less discussed is the personality of the doctor as a fundamental factor of medicine. It depends on conscience (German: *Gewissen*) and education (German: *Bildung*), qualities not objectively teachable and measurable.

The concept of medical humanities originates from the opposition of (natural) sciences and humanities (*Naturwissenschaften* versus *Geisteswissenschaften*) and the corresponding principles of explanation (*Erklären*) versus interpretation (*Verstehen*), a distinction first made by the German philosopher Wilhelm Dilthey in 1883.

The definition of „Humanities“ according to Wikipedia reads:

“The humanities are academic disciplines that study human culture. The humanities use methods that are primarily critical, or speculative, and have a significant historical element — as distinguished from the mainly empirical approaches of the natural sciences.”

So we may define: Medical humanities refer to the humanities in medical education and research complementary to scientific medicine (biomedicine). But here, the historical perspective is fundamental in my view, because the history of medicine and science should be the essential reference discipline for all activities in the field of medical humanities.

It shows *various dimensions*, in particular:

- Medical practice: The physician operates unavoidably in an area of conflict: the interest of the individual patient versus the interest of the society. The crucial question is: Which side is more important? How can both sides be adequately respected?

- Academic (scientific) medicine: The epistemological status of the academic medicine has to be clarified opposite the legacy of popular, magical, and religious concepts. What does „science“ mean in a historical perspective?

- Medicine and the arts: How is medicine reflected in literature, fine arts, films? What may be interesting for medical students and doctors?

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- Medicine and culture: Issues of medical and cultural anthropology, ethnomedicine, popular medicine, religious healing arts etc. should be reflected regarding the very different lifeworlds of patients. This is particularly important for public and global health issues and should be more considered in medical education and research.

Moreover, there are several subject areas showing different aspects of medical anthropology:

- Doctors and patients: There are various patterns of the doctor-patient relation; e.g. authoritarian versus caring style.
- Conceptions of the human being in medicine: There are diverse body-soul-mind models throughout the ages and cultures, among others: natural philosophical, physiological, psychosomatic, or brain research models. Nowadays, evidence-based informationes in the scope of „big data“ become increasingly important in academic medicine.
- Health and disease: There have been always ideas of what is evil and what is good regarding men’s health. Among others astrological, demonological, infectiological, genetic, immunological, or ecological ideas have been (or are) predominant in certain times or areas.
- Medicine and society: There are different medical cultures at the same time competing for patients with the globalized Western medicine: alternative respectively complementary medicine, traditional popular/medicine, esoteric medicine, spiritual healing etc. stimulate the health markets in Western countries.
- General topics concerning all subject areas: There is the fundamental problem of prognostics in medicine, from ancient divination or prognostication until big data based predictions of our time. A prominent example is the neuroscientific big date project „Rheinlandstudie“ in Bonn with more than 25,000 subjects. Another fascinating topic is the mystery of the placebo and nocebo effect – the human mind as an empowering or harmful factor regarding health, disease, and healing.

Interdisciplinary links: Medical history as a primary base

The interdisciplinary networl is shown in a graphics (slide 4). When we place medical humanities in the centre of the different disciplines involved one may imagine it like a body with two legs (biomedicine/clinical medicine

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8 https://www.rheinland-studie.de/
and history of medicine), two arms (arts, e.g. literature, and social sciences, e.g. medical anthropology) and a head (humanities, e.g. philosophy, theology). There is also a circular bond linking the different fields. Insofar, medical humanities appear as a common focus.

Medical history is complementary to biomedicine respectively clinical medicine in medical education, both of them are basic for all activities in the frame of the medical humanities. Insofar, medical history is not just a sub-discipline of the history science or just one element out of many others! It is fundamental for the whole network and implies the history of ideas (philosophy), the history of culture (cultural studies), of health systems (sociology), of medical ethics (with its anthropological, legal, philosophical, and religious aspects). It supplies all disciplines involved in medical education with their historical backgrounds and roots. In general: Medical history’s most essential ambition should be to historicize the doctrines, ideologies, and concepts of medical theory and practice within the scope of the medical humanities.

How to teach medical humanities: Curricular options

There are many possibilities of teaching. A „Forum Medical Humanities“ could offer interdisciplinary lectures in co-operation with medical historians, clinicians, medical experts, cultural scientists, literary scholars, artists, etc. There are four fundamental questions to deal with: (1) What does „disease“ mean? (2) What does „health“ mean? (3) What is about the relation of doctors and patients? (4) What is about the interaction of „body“, „mind“, and „soul“?

Another format are workshops in co-operation of medical historians with lecturers of certain disciplines, usually called „tandem workshops“. Potential term topics are medical motifs in literature, fine arts and film.

Probably most important are reading seminars on classical literature regarding medicine, which is widely neglected today, even by teachers. One can study groundbreaking medical authors like Paracelsus, Rudolf Virchow, or Sigmund Freud. One can look at literati and poets like Friedrich Schiller, Edgar Allan Poe, Thomas Mann, or Albert Camus. Very fascinating and illuminative are self-presentations and subjective case histories like studies on self-analysis, self-experimentation, and self-therapeutics (doctors as patients; patients as their own doctors). A special genre are creative works of ill persons. A prominent example is the „Collection Prinzhorn“ at the Psychiatric
University Hospital in Heidelberg first presented by Hans Prinzhorn in his book: *Artistry of the mentally ill* (German 1st edition 1922).

Other options are summer schools, workshops, dialogue panels dealing with certain themes. I just mention three of them:

- Images of humanity (*Menschenbilder*) in medicine: A crucial topic is biologism in form of social darwinism, where biological laws allegedly dominate human culture in the „struggle for life“. In contrast medical anthropology stresses the individuality of the ill person and acknowledges his or her individual case history.

- Images of nature (*Naturvorstellungen*) in medicine: The imagery of the „healing power of nature“ (*Heilkraft der Natur*) throughout the ages is interesting. The „reading in the Bible of Nature“ was fundamentsl for natural scientist in the early modern time.

- Correspondences between medicine and religion: Quasi religious messages of medical ideologies (e.g. „race biology“ as a doctrine of the National Socialism) arguing scientifically are psychologically very effective. On the other hand, there are hidden sacral implications of the hightech medicine, which strongly influence therapeutic processes – apart from esoteric medicine and spiritual healing in the realm of alternative medicine. Hidden magic in modern medicine is quite an interesting issue.

Finally I stress: The crucial factor of teaching medical humanities is not a perfect subject catalog, but the quality of the teacher presenting *his own program* according to his/her knowledge and skills, conscience and education. As I heard once from my colleague Vivian Nutton: „Not what someone teaches, but how he does it is essential!“

**What to teach in medical humanities: Exemplary topics**

The doctor-patient relation is a crucial problem for all practising physicians and should be intensively reflected in medical education. There are different attitudes. I mention here only two contrary styles: the authoritarian and the caring one. The authoritarian style is represented by a doctor showing himself as a corrector, „health leader“ (*Gesundheitsführer*), or „technocrat“ (R. Virchow) guiding patients according to his own doctrine. This attitude is

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10 Homepage: [https://prinzhorn.ukl-hd.de/home/?L=1](https://prinzhorn.ukl-hd.de/home/?L=1)

11 The Viktor von Weizsäcker Gesellschaft is an academic society for a special form of medical anthropology called *Medizinische Anthropologie*. It stresses the importance of the individual case history and the corresponding “biographical method” as a means of therapy; see [https://viktor-von-weizsaecker-gesellschaft.de/](https://viktor-von-weizsaecker-gesellschaft.de/)
called „hard paternalism“ – today it has a pejorative meaning. The therapeutic target is correction, straightening, making „reasonable“. Historical examples are „Orthopedics“ (slide 5) and Psychiatry (lunatic asylums, Irrenheilanstalt) (slide 6 and 7) in the 18th and 19th centuries.

In contrast to this the caring style is represented by a doctor as a helper for the ill and handicapped showing a „soft paternalism“. His therapy implies a caring, philanthropic mission characterized by the idea of a humane solidarity and interaction. An excellent example gives the English pediatrician John Langdon-Down (1828-1896), the first describer of the Down syndrome (slide 8). He was a skilled photographer and took pictures of his patients in worthy personal pose (slide 9). Although he coined the term „mongolism“, he did not use it in its racist discriminating meaning – in contrast to later authors like the English epidemiologist C. F. Crookshank (1873-1933) comparing the „mongoloid idiot“ with a „young oran-utan“ (slide 10 and 11).

In this way, medical humanities make aware of the characterization of ill and handicapped persons in textbooks (characteristic features, photographs, graphics), in descriptions, terms, and concepts in literature and poetry, in movies, stage plays, performances, in statistics of all kind. This is quite obvious with respect to persons with Down syndrome (trisomy 21; in former times “mongolism“). In Bonn (Germany) there exists a very active work group of persons with and without Down syndrome publishing a Journal („Ohrenkuss“) for many years and organizing exhibitions, corporate readings, and excursions (slide 12). The Touchdown exhibition in Bonn 2016/17 attracted about 35.000 visitors. As a medical historian I was involved in the activities of this group. So, I supervised a biography on Langdon-Down.¹³

**Interdisciplinarity: The display of „Nature“, an example**

The emblem number 42 in Michael Maier‘s *Atalanta Fugiens* (1618) gives an example, how interdisciplinarity can look like (slide 13). The concerned disciplines are medical history, (natural) philosophy, (natural) science (*Naturforschung*), art history, musicology, cultural sciences, and even gender studies. When we look at the emblem, we may detect corresponding traits:

- Medical history: The divine (potentially) healing power of nature is represented by *Natura* personified by a queenly woman;
- (Natural) Philosophy: The divine wisdom of *Natura* symbolized by the Solomon‘s Seal (Star of David);

¹² [https://www.downtown-werkstatt.de/](https://www.downtown-werkstatt.de/)
¹³ KATJA WEISKE, *Die ärztliche Sicht auf Menschen mit Down-Syndrom*, Göttingen 2008
(Natural) Science (Naturforschung): A scholar with eye glasses, stick, and lantern following the footprints of Natura tries to reveal her mysteries;

- Art history: Matthäus Merian (1593-1650) the famous German engraver, created this emblematic image; its variation on the titlepage of a book (Musæum Hermeticum, 1625; copperplate) is interesting (slide 14).

- Musicology: Music transforms the instructive text into a song, which has to be analyzed within the context of early modern (baroque) culture;

- Cultural history: The impact of early modern emblems on science as well as on everyday life has to be studied regarding the psychological influence in the perspective of imagology.

Conclusion: Prospects of the Medical Humanities

Four assumptions shall be highlighted at the end:

(1) In a period of global socio-economic changes sociomedical, cultural anthropological, and philanthropic issues become more and more important for teaching medical humanities.

(2) These issues are mostly outside the scientific scope of biomedicine, but for the application and efficiency of modern (Western) medicine they are of crucial significance – in European countries as well as in other parts of the world regarding Global Health in particular.

(3) Medical Humanities can stimulate the awareness of current challenges of the medical practice and sensitize students and lecturers for fascinating relations between historical and present concepts of medicine within different cultural contexts.14

(4) The interdisciplinary discourse in the field of medical humanities can inspire cooperative research projects reaching out for innovative questions. Insofar, medical humanities can contribute to advanced research.

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