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M. WALCKIERS

LIBRARY AS A TOOL FOR HISTORY OF MEDICINE

RÔLE DES BIBLIOTHÈQUES POUR L'HISTOIRE DE LA MÉDECINE

MEDIZINGESCHICHTLICHE BIBLIOTHEKEN UND LITERATUR

MEDICAL LIBRARIES: Cooperation and New Technologies
C. Deschamps and M. Walckiers (Editors)

LE FONDS ANCIEN DES IMPRIMES DE LA BIBLIOTHEQUE DE LA FACULTE DE MEDECINE DE L'UNIVERSITE DE PORTO. LES MEDECINS-AUTEURS PORTUGAIS. (1)

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ABSTRACT

We purpose to draw up a short history about the origin of the old stock of printed books - about 2.000 volumes from the 15th to the 18th century - of the Library of the Faculty of Medicine in Porto.
We will also mention the most remarkable documents and emphasize those that contributed to the national and international development of the art of medicine.

Nous ne voulons pas commencer cette communication sans évoquer un grand écrivain portugais, Eça de Queiros, qui dans son livre "Correspondência de Fradique Mendes" affirmait : "Nous devons parler correctement la langue portugaise et patriotiquement mal les langues étrangères".

Si l'on peut envisager les bibliothèques comme mémoire collective, ou comme mémoire d'un peuple, nous souhaitons vous transmettre un morceau de cette mémoire, en vous faisant connaître les noms et les oeuvres de quelques médecins portugais qui font partie du fonds ancien de la Bibliothèque de la Faculté de Médecine de Porto.
Etant un petit pays, le Portugal - qui actuellement est reconnu comme partie intégrante de l'Europe - eut jadis le privilège, comme nul autre, d'élargir les horizons de l'humanité, de donner à l'Europe et au monde de nouvelles perspectives, rendant possible cette phrase d'un grand poète - Fernando Pessoa - " si la mer finie est grecque ou romaine; la mer infinie, la mer sans fin est portugaise ". Y ont contribué non seulement les hommes de science qui émirent les hypothèses et les navigateurs qui sillonnèrent les mers, contournèrent les rivages et atteignirent les ports, mais aussi ceux qui, suivant leurs traces, sont descendus sur ces terres lointaines, y ont rencontré les habitants et ont transmis ces nouvelles connaissances au monde. C'est de ceux-ci et aussi de ceux qui par leur savoir et leurs mérites ont pris place parmi les hommes remarquables de leur époque, dont nous voulons vous parler. Nous souhaitons que, bien

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(1) Ces pages ne sont que la présentation de notre travail qui comprend une introduction historique, une liste biographique des médecins-auteurs portugais ainsi que la biographie d'une trentaine d'entre eux parmi les plus importants, le tout totalisant 107 pages et 21 illustrations.

que modeste, cette communication puisse vous apporter quelque chose de nouveau.

En premier lieu, nous voulons citer.
GARCIA DE ORTA, le fondateur de la médecine exotique, dont les célèbres Coloquios sont considérés comme une véritable encyclopédie d'Histoire Naturelle. Camoes lui dédia une Ode, il fut traduit en castillan par Cristovao da Costa, en latin par Clusio et en italien par Chietti.
AMATO LUSITANO qui, selon les historiens de la médecine, surpassa André de Laguna et suscita l'admiration d'hommes célèbres, notamment celle de Luis Vives; le grand humaniste espagnol.
JOAO CURVO SEMEDO, le créateur du Besoartico et de la Clava Herculea, est lui considéré comme un des meilleurs écrivains de médecine portugaise, et ce par la correction et la justesse de son langage.

Parmi les autres, nous relevons les noms :
- de PEDRO HISPANO, médecin et philosophe, dont le Tesouro dos Pobres était déjà connu au Moyen Age et dont les Summulae Logicales furent utilisés pendant trois siècles dans toute l'Europe, pour l'enseignement de la logique;
- de ANTONIO NUNES RIBEIRO SANCHES, notable parmi les grands professeurs européens et si bienveillant que Catherine de Russie a pu dire de lui qu' "il n'est pas né pour être utile à lui-même, mais pour être utile à tout le monde";
- de JACOB DE CASTRO SARMENTO, considéré comme un des plus célèbres médecins du XVIIIème siècle;
- et de ZACUTO LUSITANO, fameux philosophe et célèbre médecin qui, malgré son aposthasie, a mérité l'éloge de plusieurs personnages, dont le Docteur Vega, médecin à Hambourg, parlant de lui en ces termes : "Miraris! Mirare magis Zacutus... Aeternum medica nomen in arte feret", Daniel Bechero le nommant "Magnus medicorum princeps" et Bento de Castro "Medicae splendor et gloria".

A grands traits, vous trouverez dans l'introduction de notre travail, l'évolution des idées et des faits durant les deux siècles précédant la création de la Real Bibliotheca Pública Municipal do Porto. Elle fut instituée en 1833 par Pedro IV, prince libéral qui estimait que l'ignorance était la pire ennemie de la liberté, et y arrivèrent des milliards d'ouvrages desquels nous vous présentons les 301 réferences bibliographiques. Chargée d'un fort courant anticlérical, la révolution libérale supprima et expropria des couvents et des monastères et de plus s'empara de très belles bibliothèques privées qui enrichirent considérablement le fonds bibliographique de la Real Biblioteca Pública. Le nombre de monastères qui disparurent, s'élève à peu près à 25, parmi lesquels, celui des Congregados, dans la ville même; celui de Tilbaes, à l'extérieur de la ville et celui de Santa Cruz de Coïmbra, au centre du pays. Quant aux bibliothèques privées, furent prises celle de l'Evêque Avelar et cellè du Vicomte de Balsemao.
La Real Biblioteca Pública primitivement installée dans l'Hospicio de Santo Antonio do Vale da Piedade, à Cordoaria, fut déplacée en 1834 au Paço Episcopal et en 1839 au Convento de Santo Antonio da Cidade, à S. Lázaro, où elle est toujours. Et c'est à cette date que le Directeur de l'Ecole Médico-Chirurgicale (Escola Médico Cirúrgica), le Professeur Franscico

Pedro de Viterbo, demanda au Gouvernement de recevoir de la Bibliothèque Publique toutes les oeuvres possédées en double concernant la médecine, les sciences paramédicales, mais aussi l'histoire, la littérature et la philologie, réclamant ainsi plus que ce qui avait été prévu par le Décret de 1833 créant et réglementant la bibliothèque.
Mais il est vrai que l'Ecole Médico-Chirurgicale possédait déjà ses propres livres. En 1825, sur indication du chirurgien-major du Royaume, Teodoro de Aguiar, le roi Joao VI créa l'Ecole Royale de Chirurgie de Porto (Régia Escola de Cirurgia), qui fut installée dans l'aile gauche de l'Hôpital de la Miséricorde - on peut encore y voir une pierre évoquant ce temps. Ce fut l'embryon de l'actuelle Faculté de Médecine. C'est alors que, sur proposition du Professeur Vicente José de Carvalho, une bibliothèque se constitua de livres achetés avec un certain pourcentage prélevé sur le traitement - minime - des professeurs. De grands professeurs qui subirent de réels sacrifices, qui luttèrent avec ténacité pour que leur petite Ecole grandisse dans l'honneur et le prestige. D'eux, plus tard, il fut dit qu'ils méritaient bien de l'enseignement.
Ainsi, quand en 1836 Passos Manuel changea l'Ecole Royale de Chirurgie en Ecole Médico-Chirurgicale, la bibliothèque comptait déjà 221 ouvrages. Et si ces 221 sont devenus des milliards - en comptant certes tous les ouvrages relatifs aux autres domaines que la médecine - cela est dû à l'esprit ouvert et hardi du Directeur de l'Ecole, lui aussi grand libéral, et de plusieurs autres pour qui "un médecin qui ne sait que la médecine, ne sait même pas la médecine".

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MEDICAL MANUSCRIPTS

Richard Palmer

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Wellcome Institute for the History of Medicine
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Between 1744 and 1747 the surgeon John Hawkins served with the British army on campaign in Belgium and Holland. Part of his time was spent in Brussels. He found it 'the most pleasant place I could wish for to live in', where every night there was the opportunity of entering into society, clubs with good company, and 'Houses of Entertainments, where we used to recreate ourselves at small expense'. His diary in the Wellcome Institute (MS. 2788) shows how a British manuscript may illustrate Continental history. The same point might be made by the Institute's many hundreds of volumes of lecture notes, many of which derive from the academic pilgrimage, which, from the middle ages to the nineteenth century, led British medical students to such centres at Montpellier, Padua, Leiden and Paris. MS. 5323 is particularly international, being the notes taken by a Scot from lectures given in Paris in 1810 by a German, Franz Joseph Gall, the founder of phrenology.

But the Institute's collection is by no means restricted to British manuscripts. Sir Henry Wellcome's interests were broader. He collected not only in the London sales rooms, but through dealers abroad and through agents of his own, who travelled on the Continent and collected on his behalf. The Wellcome collection therefore reflects the history of European medicine as a whole. It includes manuscripts in more than twenty European languages (with Latin, English, French, German and Italian predominating), and ranges in date from the third century A.D. to the twentieth century.

The following manuscripts serve to illustrate the international scope of the collection:

MS. 49. *Apocalypse and other texts.* A German miscellany of c. 1420, with a magnificent series of anatomical and medical illustrations, including 'wound man' and a depiction of gynaecological disorders.

MS. 573. Sextus Placitus, *Liber de medicina ex animalibus.* Written in Italy c. 1250, this manuscript describes medicines which might be made from animals, including the fox.

MS. 626. Mathaeus Platearius, *Circa instans.* One of the most popular medieval herbals, in a French version of c. 1477-78.

MS. 349. Heymandus de Veteri Busco, *Ars computistica.* Written in Holland in

1488, this manuscript, with its illustration of 'zodiac man', reflects the importance of astrology in medieval medicine.

Medieval manuscripts, however, form only a small part of the collection (some 300 out of a total of c. 6,000 volumes). The early modern period is more profusely represented, with such manuscripts as.

MS. 990. *Arzneibuch.* A compendium of medicine and surgery, written in Austria or S. Germany, c. 1675. It includes sixty drawings relating to the pathology of the eye and ophthalmic surgery.

MSS. 151-156. Records of the *Collège de Médecine* of Antwerp, collected together by the Belgian historian Corneille Broeckz. 1595-1836, 6 vols.

More recent developments in medicine are also well represented, as in:

MS. 1978. Marie Curie, Notebook containing notes of experiments on radio-active substances, 1899-1902.

As well as manuscript volumes, the Institute holds an extensive collection of correspondence and loose papers (c. 100,000 items), including numerous letters of Louis Pasteur and Alexander von Humboldt, and a series of 155 letters by Dominique Jean Larrey, Surgeon-in-Chief of the Napoleonic Army, written to his wife and children while on campaign (MSS. 5316-5319).

By no means all the manuscripts relate to outstanding figures in the history of medicine, or to institutions of international renown. At a more provincial level there is, for instance, a minute book of a French provincial society, the *Société Médicale d'Indre et Loire*, 1827-43 (MS. 4648). Trends in the history of medicine emphasize the importance of material of this kind. Medical history is no longer the story of how pioneers, through the centuries, brought modern medical science into being. Historians are concerned to understand ideas and developments not with the hindsight of the twentieth century, but in the context of their own day. And that context is increasingly seen as not only intellectual but social. The patient's view of disease and medical treatment has begun to be explored alongside the doctor's, and efforts are made to interpret the medical experience of that hero of current historiography, the common man.

These concerns increasingly carry medical historians well beyond the printed book, to a whole range of manuscripts and archival sources. The Wellcome Institute has responded in a number of ways. In 1979 it established the Contemporary Medical Archives Centre, which is staffed by two archivists. Its purpose is to locate, collect, and list the papers of twentieth century British medical practitioners, scientists and institutions. So far it has gathered in more than 200 collections, including papers of Dr. Marie Stopes, promoter of sex education and birth control, and the records of the Eugenics Society. October 1986 also sees the launch of another project. The Institute has appointed two archivists for a three year period to carry out a survey of manuscript sources in Great Britain for the history of medicine, 1600-1945. the results will be accumulated in a computerised data base, and will also be published in book form.

One of the motivations for the survey was the belief that medical libraries often contain important manuscript resources which remain unknown or under-exploited by historians. Medical librarians are inevitably more concerned with servicing the information needs of clinicians and scientists, and with new technologies, than with the medical manuscripts which may, incidentally, be in their care. This may affect both the cataloguing of manuscripts and their conservation, and neglect may sometimes result. For instance, in one busy Italian hospital library where I have carried out research, the hospital's archive was stored in a gallery at ceiling height. The hot, dry conditions were causing rapid deterioration in an archive which previously had survived unscathed for five hundred years. The Institute's survey hopes to foster concern for the preservation of manuscripts, and its archivists may, at times, be able to offer useful advice. They may, for example, suggest practical ways in which the ideal storage conditions (constant temperature 13-18°C, relative humidity 55-65%) may at least be approached. A current medical library is unlikely to have its own conservation facilities, but much can be done to preserve a manuscript by providing it with an appropriate box or container. Letters and loose papers fare well in acid-free files within dust-proof boxes. Volumes can be also be provided with boxes, ready-made to standard sizes, or purpose-built to fit individual manuscripts. Liaison between librarians, archivists, and historians is, above all, essential in preserving the historical legacy of medicine and in using it to illumine the past.

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UN VOYAGE A TRAVERS LE SIECLE DE L'ANATOMIE GRACE A LA TECHNOLOGIE DE POINTE

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A la fin de l'année 1985 Fidia, société pharmaceutique italienne de la région de Padoue, a accepté de coopérer avec le Département de la Culture de la ville et avec l'Université pour la réalisation de l'exposition "I Secoli d'Oro della Medicina. 700 anni di scienza medica a Padova", inaugurée le 24 mai 1986.

Cette exposition permet de "lire" l'histoire de la Médecine à travers l'histoire de la faculté de Padoue, une des plus anciennes et illustres d'Europe, vu qu'elle date du XIVème siècle.

Le XVIème siècle vit l'Ecole de Padoue introduire une véritable révolution dans le développement de la science médicale.

On peut considérer "De humani corporis fabrica libri septem" par André Vésale, "Opera omnia anatomica et physiologica" et "Opera chirurgica" par Girolamo Fabrici d'Acquapendente, qui ont eté professeurs d'anatomie à Padoue pendant ce siècle, comme le début de l'anatomie moderne.

Dans les oeuvres de ces Grands, les théories anatomiques de Galène étaient totalement mises en discussion et le corps humain représenté fidèlement, grâce à l'étude directe sur les cadavres. La liberté garantie par la République de Venise permettait à Padoue de réaliser ce qui était interdit ailleurs. Par conséquent, les résultats des études sur le corps humain étaient magnifiquement représentés graphiquement.

Le frontispice de la Fabrica de Vésale montre ce qui arrivait pendant une leçon d'anatomie.

Dans un théâtre imaginaire (rappelez-vous que le premier théâtre anatomique permanent a été réalisé à Padoue en 1593 a l'intérieur de l'Université grâce à Acquapendente) (Fig. 1) on peut voir, près du portrait de Vésale et de ses principaux élèves, le portrait du peintre Von Calcar, élève de Titien, qui a réalisé toutes les images de l'oeuvre.

Outre l'immense valeur scientifique et historique, ces livres ont aussi une grande valeur du point de vue artistique.

Pour permettre au visiteur de l'exposition de jouir de toutes les images qu'ils contiennent, Fidia a decidé de les enregistrer dans un vidéodisque qui permet et de feuilleter les pages de ce livre electronique, et de faire des recherches par sujets.

La technique du vidéodisque a été récemment développée en Italie, surtout pour le catalogage des biens culturels.

La notre est la première réalisation de ce genre dans le domaine de l'histoire de la médecine.

Le vidéodisque interactif qui emploie la technique "laservision" permet à l'usager de jouer avec les images (chargées en mémoire sur le support). Celles-ci sont lues au moyen d'un rayon laser et projetées sur un écran/terminal visuel du genre "touch screen". Un logiciel particulier permet d'interagir, à travers l'écran lui-même, avec les images, et de faire des recherches en suivant une table des matières traitées.

Pour accomplir notre voyage dans le siècle de l'anatomie, nous avons utilisé des techniques d'animation cinématographiques. Nous avons peuplé un théâtre imaginaire de tous les personnages représentés dans le frontispice de la Fabrica de Vésale, en commençant naturellement par Vésale lui-même, jusqu'à obtenir le titre de l'oeuvre (Fig. 2).

Nous voici ensuite aux images graphiques, livre après livre, intercalées par quelque fondu enchaîné pour enrichir et animer la scène. Et encore, avec la même cadence, les images d'anatomie humaine contenues dans "Opera omnia anatomica et physiologica" par Girolamo Fabrici d'Acquapendente et celle de "Opera chirurgica" par le même auteur.

Le "loop" se termine par succession de huit tableaux anatomiques en couleur, choisi parmi ceux de Acquapendente, obtenus grâce à la collaboration de la Bibliothèque Nazionale Marciana de Venise (Fig. 3).

A chaque moment le visiteur peut interrompre sa "lecture" tout simplement en touchant l'écran.

Un premier menu des matières lui permet de choisir entre: dessins anatomiques (Fig. 4), dessins chirurgicaux (Fig. 5), "lettres capitales" (Fig. 6) et "loop".

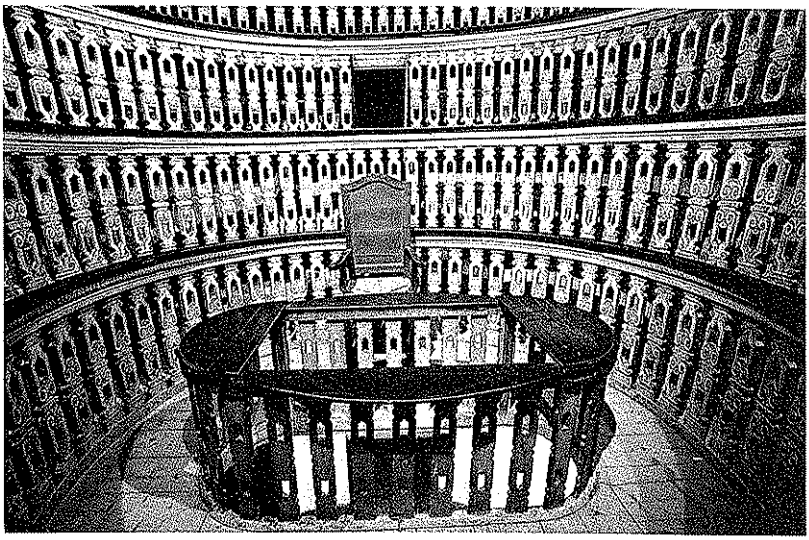

Figure 1
Théatre anatomique (1593). Université de Padoue.

Figure 2
Frontispice de "Humani Corporis Fabrica" par Vésale (Bâle, 1542)

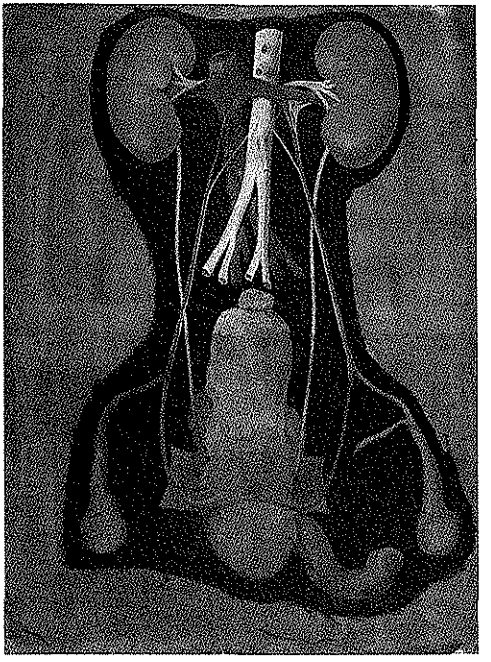

Figure 3
Table anatomique en couleur par Girolamo Fabrici d'Acquapendente

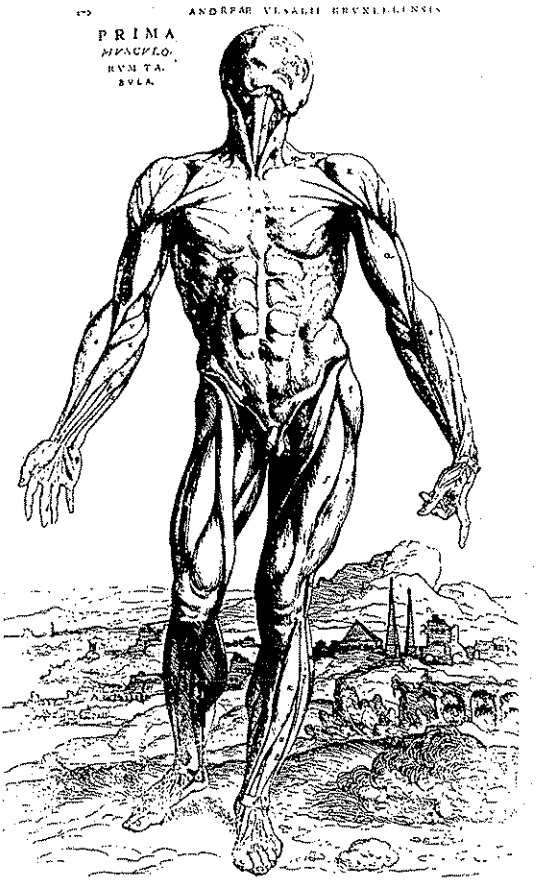

Figure 4
Dessin anatomique (d'Acquapendente)

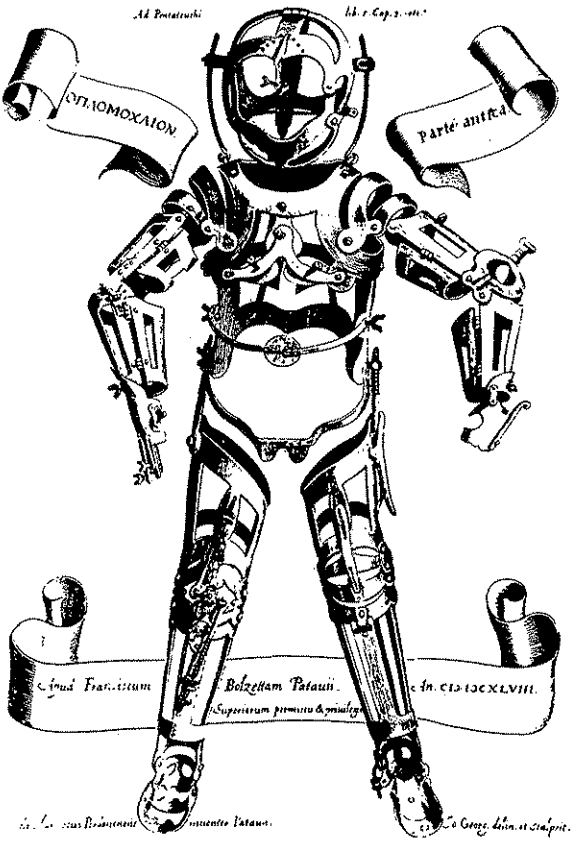

Figure 5
Dessin chirurgical (Vésale)

Quid quintus liber et sextus pertractarint.

NSTRVMENTA nutri
proximè præcedentibus libri
Prior namq; cibi potionisq; c
puo uiscere concupiscibilem
& dein propter loci uicinitat
membra generationi dedica
autem eas partes recensuit,
reficiendæ, ac innati caloris
nus concreditur: in quorum
scibilis animæ insitam esse in
& Peripateticorum suffragij
tes, ut & animæ principatun
remur, neruosq; ab illo origi

Septimi libri argumentum.

Quapropter quum sensus m
cipis animæ (cuius beneficio imaginamur, ratiocinamur, memoramu
moranda superfit, præsens liber illi opportunè consecrabitur, cerebru
fas unà cum sensuum organis pertractaturus. Quemadmodum itaq
animæ uis, ac propriæ iecoris carni, naturalis animæ facultas induntur
rem sanguinem, ac qui perquàm caliginosus est, naturalem spiritum
guinem impetu per corpus ruentem unà cum uitali spiritu confici

Cerebri functionū et partium breuis enumeratio.

Figure 6
Lettre capitale (Vésale)

Les dessins anatomiques offrent une ultérieure possibilité de choix. Le corps humain, tel qu'il a eté presenté par Vésale, a eté divisé en trois parties: la tête, le tronc, les membres (Fig. 7).

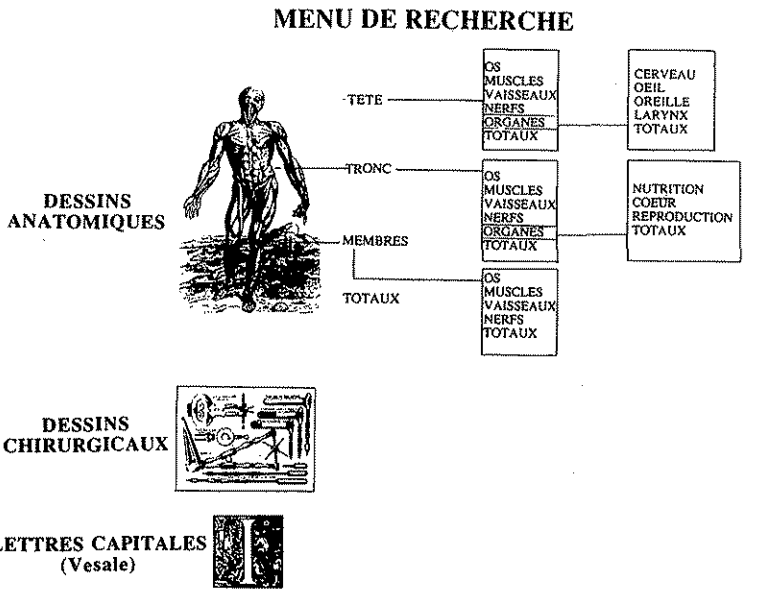

Figure 7
Menu de recherche du vidéodisque

En suivant toujours l'ordre indiqué par Vésale, on peut, de chaque partie, choisir entre os, muscles, vaisseaux, nerfs et organes. De plus, toutes les images portent la lettre "V", c'est à dire Vésale, ou "A", c'est à dire Acquapendente, prises directement des livres, à fin d'en reconnaître rapidement l'auteur.

De cette façon le lecteur a un cadre complet des répresentations graphiques de chaque sujet, tels qu'elles ont eté identifiés par ces illustres anatomistes.

Nos projects à l'avenir envisagent de classer chaque image par ordinateur moyennant une série de mots-clés, qui permettent une recherche complexe et soigneuse.

Le voyage à travers le siècle de l'anatomie, qui est complet quant aux auteurs considerés, qui sont parmi les plus importants pour l'Ecole de Padoue et de l'Europe du XVIème siècle, a permi de mettre à la disposition de tous des témoignages précieux et méconnus pour la plupart des gens, au moins à maintenant.

Le support informatique est presque inaltérable et c'est aussi pour cette raison qu'il devrait être choisi pour conserver des images et des documents qui sont, jusqu'à ce moment, soigneusement cachés dans un coffret.

Nous remercions la Bibliothèque Casanatense de Rome, la Bibliothèque Universitaire de Padoue, La biliothèque Nazionale Marciana de Venise qui nous ont aidé à créer ce vidéodisque qui, du point de vue technique, a eté réalisé par SIDAC (Pomezia) sur support Philips. La partie cinématographique a eté réalisée avec la collaboration du Studio Ventimiglia, Rome.

THE USE OF VIDEODISC TECHNOLOGY TO PRESERVE AND TO DISSEMINATE ILLUSTRATIONS IN OLD BOOKS

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ABSTRACT

On the occasion of the exhibition entitled "I Secoli d'oro della Medicina, 700 anni di scienza Medica a Padova" - the Golden Years of Medicine, 700 years of medical science in Padua -, we achieved the recording on videodisc of all the pictorial representations of all the basic texts of two of the most important 16th century masters of anatomy in Padua; André Vésale and Fabrizio d'Acquapendente.

This achievement enabled us to obtain, in a practically indestructible form, images which up until now, have been buried in documents both precious and difficult to get at, and, thanks to special software, to research and communicate them in real time.

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THE MEDICAL KNOWLEDGE IN REGGIO EMILIA THROUGH THE PERIOD OF ACTIVITY OF THE UNIVERSITY OF MEDICINE (1571-1772)

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1. THE FOUNDATION OF A MEDICAL SCHOOL IN REGGIO EMILIA

In 1571, thanks to the concession of an imperial grant by Maximilianus II, permission was obtained for the foundation, in Reggio Emilia, of a faculty of medicine and philosophy; this task was to be entrusted to the **Collegium** of Reggian doctors. This **Collegium** was invested with all the attributes of a proper academic institution and was consequently able, from 1571 on, to "creare, ordinare, et promuovere" doctors of medicine and of philosophy with authority to practise "ubi vis terrarum, et locorum intra, et extra Sacrum Romanum Imperium; et alias ubilibet omnes... legendi, docendi, interpretandi, glosandi... omnia ad dignitatis illius preheminentiam spectantia faciendi..." (1).
Furthermore, the imperial grant did not merely permit the instigation of degree courses in medicine and philosophy; it actually invested the doctorate with just the same level of prestige as a doctorate granted by the medical faculties of Bologna, Padova, Pavia, Vienna, Paris and Ingolstadt, these being by far the most important institutions in Europe at that time.
This situation was quite remarkable for a **Collegium Medicorum** that had been founded only ten years before, on 30th May 1561 (2), in response to the wishes of Duke Alfonso II, in a city which could only really be described as modest, both in terms of size and of cultural and historic tradition (3).
The whole thing caused quite a sensation, since other more important and qualified cities had not been granted such privilege. In Modena, in the second half of the century, only public lessons in logic and medicine were held, and even these were not taught by proper **doctores**.
Students were not permitted to either enroll or obtain their doctorate from anywhere other than the Estense University in Ferrara (4).
Ferrara however, was a pontifical domain and consequently doctorates were granted by the religious authorities in the name of the Holy See. Although Modena, like Reggio Emilia, was an imperial domain, the fact that university studies

depended on a papal privilege indicated that they were extremely tied to the church by the strict theological controls that were typically associated with catholic universities.
This perhaps helps to explain why the Reggian imperial faculty of medicine was instigated by Maximilianus II: to provide an alternative to the church controlled faculty of medicine in Ferrara, thus excluding Modena, capital city of a dukedom, which had ever been accused of dividing its loyalty between Rome and Vienna with consequent ambiguity. The granting of a faculty of medicine to the city of Reggio Emilia may therefore be considered as another episode, albeit somewhat indirect, in the context of the rather strained relations existing between the empire and the church (5).

2. SOCIAL REQUIREMENTS FOR APPLICANTS

From extractions taken from the statute of the **Collegium** of doctors, in the 1721 edition (6), which is practically identical to that of 1561, it emerges that those who wished to enroll for the degree course were expected to fulfil pretty much the same requirements as those who wished to join the **Collegium**, as the greatest preference was given to students who had completed the course at the Reggian faculty of medicine and philosophy.
It was indispensable that both the applicant and his father were born in Reggio, that his family live there, and that he provide evidence of ownership of real estate in the area. It was further necessary that neither himself, nor his father, his brothers, or any other member of the family, practise "neque immediate, neque per interpostam personam", " artem aliquam, seu opificium vile, atque abiectam", according to the classifications and definitions found in the decree of 31st October 1682, which had been set down by order of Francesco II of Este.
Among those trades that were considered mean and base could be found, for example, those who worked in silk or wool, the blacksmith and the carpenter, he who traded in cement or the keeper of a tavern; and this was only the beginning of the list of obstructions.
The **Collegium** rigorously defended its own prerogatives, thereby preventing easy access to the practise of the profession and maintaining a strict order of merit. A doctor who had a degree from Reggio and was subsequently admitted to the **Collegium**, automatically acquired an important place, at least in the context of the medical field, within the power structure existing inside the institutional boundaries of the Estense Dukedom.

3. THE COURSE OF MEDICAL EDUCATION

From surviving documents we can speculate that a proper **cursus**

studiorum did not exist as such, but rather that teaching activities were carried out by a **Collegium** member, known as the **promotor**, who was appointed by the **prior** and given the task of tutoring a student right up to the time when he was ready to receive his doctorate.
The Reggian university, because of its size, was able to take into account the professional, scientific, and philosophical--moralistic groundings of each student on admission, without requiring the presentation of a fixed programme of studies. Clearly, knowledge of those doctrines that had dominated the field of medicine, and which continued to refer to Aristotle, Hippocrates, and Galen, constituted a decisive means of evaluation.

3.1. Phylosophy and medicine

It seems, however, that philosophy finally prevailed over medicine, since illness had to be described and cured within the framework of a strictly philosophical doctrine, rather than on the basis of practical experience.
The original reasons that led to the request for the constitution of a combined faculty of medicine and philosophy must have remained applicable, when we consider that still in 1721 a high level of professionalism unaccompanied by a series of philosophical and moral notions, was unacceptable - even though the two subjects had become so specific that it was no longer possible to group them together within the same faculty.
The academic year started at the beginning of November. As far as the faculty of medicine and philosophy is concerned it would seem, from evidence in the list of graduates and the register of enrollment, that there was never more than one entrant per year. It also seems that initially no more than one teacher was appointed, this teacher corresponding to the figure of the **promotor**.
The **promotor** was therefore obliged to seek the collaboration of his colleagues, since it was the **Collegium** as such, that was given official recognition, by the imperial grant of Maximilianus II, as an authentic body.
There is, finally, evidence to support the idea that the **promotor** was not exclusively concerned with teaching, but was mainly involved with coordinating the studies and keeping a check on their execution.

3.2. Surgery and hospital practice

Since 1384 there had been a civil hospital in Reggio Emilia; this had replaced a far poorer and more limited hospital structure and it seems likely that the university students used to frequent its wards in order to acquire indispensable practical experience (7).
As the field of surgical experience widened, the hospital began to build up a series of case histories, and to tackle

therapeutic problems that might be said to constitute the basis of a far more extensive and articulated area of scientific learning.
If the study of medicine was still founded on Galen's doctrines, then it was surgical experience, through the accumulation of hospital case histories, that was responsible for helping to extend existing notional limitations, and supplying a basis for critical judgement that could be applied to the consolidated mass of medical knowledge.

3.3. Final evaluation and graduation

Once the young student in the care of a **promotor** was considered to have completed his studies, the latter had to enlist the services of the **Collegium**'s **bidellus** in their administrative capacity, for it was they who were responsible for organizing the final discussion of the student's thesis.
The subject matter for the graduating student's thesis would be taken from a pyx by the **prior**; after just one day's reflection the student was expected to discuss the topic both from the standpoint of Aristotle's philosophical thinking and that of Hippocrates' aphorisms or Galen's theories; the thesis had to be further supported by at least two specific clinical cases, for which both the diagnosis and the prognosis were to be explained in a way that demonstrated professional ability while remaining within a framework that strictly reflected moral and philosophical training.
The decision of **approbo** required the consensus of at least two thirds of the **Collegium** members. In the case of **reprobo** then the candidate was allowed to continue his studies.
If, from examination of the statutes, the role of the **promotoris**, and his personal responsability for deciding just when the **iter** of studies could be considered complete, were unclear, it might appear that two years was the set time for the duration of the degree course.

4. THE UNIVERSITY THROUGHOUT ITS LIFE

Two hundred medical doctors were awarded degree at the university during the 200 years of its existence.
The university of Reggio Emilia had a relatively free syllabus, in which the end of the teaching programme was established by assessing the academic maturity of the individual candidate, rather than representing the termination of the detached execution of a set course of studies.
The **promotor**, through collaboration with his expert colleagues from the **Collegium Medicorum**, and with the hospital surgeons, was able to devise highly relevant teaching programmes; he was, moreover, in a position to devote his constant and undivided attention to the student under his tuition, to an extent that was, at that time, quite rare. These were important aspects

of the tradition of the Reggian university, a tradition that obliged student doctors with a solid notional and academic background, to face the harsh realities presented by surgical emergencies in the hospital. Furthermore, unlike in other and perhaps more illustrious universities, dissection was widely practised (8).

5. THE MEDICAL LIBRARY

The hospital had also begun to build up a library acquiring all leading European medical publications as they were printed (9). While the various editions of Galen's works were all present, as might be expected, together with any commentary works of importance, there was virtually no publication of interest on the subject of human anatomy that did not immediately find its place on the shelves.
Books by Vesalio, Eustachi and Falloppia stood out among numerous other volumes. It was not until 1782 however, thanks to a donation from one of the hospital doctors, Pietro Giuseppe Corradini, that the Santa Maria Nuova library was able to acquire a valuable collection of approximately one thousand books ranging from the most significant and relevant research works to the contemporary classics of medicine (10).
It is easy, therefore, to see that an atmosphere of studious research prevailed within the hospital, with a particular emphasis on keeping up with the latest developments in clinical and surgical technique.
Paracelso's works were notably absent, which was hardly surprising as he was considered to be a sort of Luther of Medicine, but this seems to be the only ommission; the theoretical base was provided by the doctrines of Galen, with their interweaving of medicine and philosophy. There was no dissention between church and state, it was considered better to leave Paracelso well alone, since he had attempted to supplant Galen, relying on the support of the protestant world to open the way to his own theories.
The statute of the **Collegium** was extremely clear on this subject: any student who was unable to demonstrate his allegiance to the catholic faith, with ample practical evidence, would not even be considered for enrollment on the degree course.

6. THE CLOSURE DECREE

When in the summer of 1752, Francesco III of Este announced the institution of proper university structure in Reggio Emilia (11), with ten different fields of specialization including medicine, law, theology, logics and natural science; this was understandably thought to represent the beginning of a new era, auspicated by success of past experiences. No one could have guessed, in 1752, that this ducal decree actually

contained the hidden seeds of the suppressive measures that were to come. It should be remembered that at that time Lazzaro Spallanzani, a scientist of international standing, was living in Reggio; and that under the guidance of Pietro Giuseppe Corradini, a university level of surgical and medical practise had been established at the Santa Maria Nuova hospital (12). Furthermore, Antonio Vallisneri, who had become one of the leading exponents of the development of scientific thought in Italy, had been awarded his doctorate at the Reggian **Collegium Medicorum** in 1685.

Other graduates from Reggio had gained professorships in the most important Italian universities (13). Why then should the city of Reggio Emilia be deprived of academic and research institutions that had brought nothing but fame and glory and had not once betrayed the trust that had been placed in them by the imperial authorities?

But the Duke could not be moved from his decision. His answer to the pleas of the Reggian Council of Elders, was the decree of 12th September 1772, stating that Modena was to become the site of a single ducal university, which amounted in effect, to the closure of the university of Reggio Emilia.

REFERENCES

(1) Archivio di Stato di Reggio. Collegio dei Medici. Statuti e Privilegi 1561-1721 (Maximilianus' II grant)

(2) Archivio di Stato di Reggio. Statuti e Privilegi 1561-1721 (**Collegium Medicorum** foundation)

(3) Reggio dalla caduta del libero comune a tutto il secolo XVIII / G. Piccinini. - Reggio Emilia: s.n., 1951

(4) Storia dell'Università di Modena / C.G. Mor, P. Di Pietro. - Firenze: s.n., 1975

(5) L'Universitas Medicorum di Reggio dal 1571 al 1772 / Rita Iori. - Graduation thesis

(6) Archivio di Stato di Reggio. Collegio dei Medici. Statuti e Privilegi 1561-1721 (**Reformata Statuta et Privilegia Illustrissimi Collegii Excellentissimorum Dominorum Doctorum Physicorum Regii Lepidi. - Regii: Vedrotti, 1721**)

(7) L'Arcispedale di S. Maria Nuova in Reggio Emilia / Dino Mariotti. p. 121-130 In: Ospedali d'Italia-Chirurgia . - v.7, n.1 (1963)

(8) L'insegnamento medico nosocomiale in Reggio Emilia nei secoli XVI, XVII e XVIII / Dino Mariotti. p.761-780 In: Congresso Europeo di storia ospitaliera, 1., Reggio Emilia, 1960. - Reggio Emilia: CISO, 1962

(9) L'Arcispedale... Cfr. ref. n.7, p.123

(10) L'insegnamento... Cfr. ref. n.8, p.125-126

(11) L'Università reggiana nel secolo XVIII / E. Cottafavi. - In: I seminari della diocesi di Reggio Emilia. - Reggio Emilia: Stabilimento Artigianelli, 1900

(12) L'insegnamento... Cfr. ref. n.8, p.771

(13) L'Arcispedale... Cfr. ref. n.9, p.125

MEDICAL LIBRARIES: Cooperation and New Technologies
C. Deschamps and M. Walckiers (Editors)

THE DEVELOPMENT OF NURSING LITERATURE

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I am going to offer some thoughts on nursing literature over the past hundred years. There are nurses all over the world, but for reasons of language and availability of literature, I am going to talk mainly about Britain, with some reference to the United States of America. Although Britain is used as an example, nursing literature is published in other countries where there were similar developments - Audio-visual materials have enjoyed considerable popularity in recent years, but I am going to confine myself to the printed word.

The question could be asked, 'What is nursing literature? Is it literature for nurses in a broader sense covering works on subjects such as the health service? Is it the subjects included in the nurse education curriculum? The literature found in nursing libraries? Or is it nursing as defined by those who devise classification schemes or compile bibliographies?

Today, nursing literature is intended for trained nurses or nursing students. It has its origins in the late nineteenth century when the beginnings of modern trained nursing can be found. However, there were "nursing" books before the introduction of trained nursing. Most sick people were cared for by women at home. One author has suggested that old herbals and recipe books were the antecedents of modern textbooks. [1] Several books for midwives were written in the seventeenth century, some of which were intended for women in general.[2]

Some early "nursing" books appear in bibliographies. Thomas Young, the notable medical bibliographer included three "nursing" works in his Introduction to Medical Literature. [3]

In Britain the voluntary hospitals: charitable institutions founded in the eighteenth and early nineteenth centuries became centres of teaching and research and modern trained nursing began.

The year 1860 is often taken as marking the beginning of modern nursing. The Nightingale fund Training School was started at St. Thomas's Hospital, London on the initiative of the famous nursing reformer, Florence Nightingale. Modern nursing literature started on the publication in 1859 of Miss Nightingale's Notes on Nursing: what it is, and what it is not. It was intended not only for nurses but for women generally. It was in the form of hints rather than a manual or textbook. She wrote:

> "Every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid, - in other words every woman is a nurse." [4]

In recent years nurses and historians have been re-examining nursing history and the work of Florence Nightingale is being looked at more critically.

Training schools were started in the late nineteenth century, for example, at the London Hospital in East London in 1881 under the matron, Eva Lückes - Nurses in training had courses of lectures on general nursing, elementary anatomy and surgical nursing, and elementary physiology and medical nursing. Bandaging classes were held regularly. There were classes in sickroom cookery after 1903. [5]

Nurses and doctors published their lecture notes as textbooks. Doctors gave lectures to nurses and wrote many textbooks. However, it is simplistic to assume that all early textbooks for nurses were written by doctors. Some of the better known books were those written by nurses such as Lectures on General Nursing by Eva Lückes which was first published in 1884. It was later known as General Nursing and the ninth edition was issued in 1914.

Although nursing has been subject to great changes over the past hundred years, early textbooks are not wholly outdated. They contain much wisdom and common sense some of which is still applicable. However, they tended to include much relating to the conduct of nurses who were expected to have a high standard of behaviour and carry out the doctors' instructions. Qualities such as tidiness and punctuality were emphasised.

Book reviews and advertisements for books were common in early nursing journals. There is no sign of a shortage of literature. Indeed there were complaints that there were too many textbooks, although this was possibly because of the limited state of nursing knowledge rather than the number of books published.

One possible area of shortage was more advanced books for nurses who were already trained. Some works were later published to fulfil this need. One example Hospital Sisters and Their Duties by Eva Lückes was first published in 1886. Of the third edition dated 1893 one reviewer wrote:

> "This book holds a unique position, and supplies a distinct need. There are many useful works on nursing, but we know no other that instructs sisters how to superintend and how to teach". [6]

One indication of the development of a profession is the publication of national journals. The most important were Nursing Notes from 1887, Nursing Record from 1888 (from 1903 it was the British Journal of Nursing), the Nursing Mirror as a supplement to the Hospital from 1888 and as a separate journal from 1907 and the Nursing Times from 1905. They are major sources for studying nursing history. They were the voice of the nursing profession and a forum for news and opinions, although they tended to be dominated by a few individuals. Some of the views expressed were quite forceful which contrasts with the moralistic tone of early textbooks.

Journals of local importance should not be overlooked. By 1902 several 'League' Journals had been founded. They kept members in touch with their training schools. [7]

The substantial amount of literature seems impressive, yet nursing works were few in number compared to works on other subjects. In particular, far more has been written on medicine than nursing. Any attempt to compare nursing with medical literature will show nursing literature in a negative light. The number of works written for doctors is far greater than the number for nurses even though there are fewer doctors than nurses. Indeed, nursing is often seen as merely a branch or speciality of medicine. Nursing literature is included in medical bibliographies. One example is the Index Catalogue of the Library of the Surgeon General's Office. In the second series 1896 - 1916 there were over

800 entries on nurses and nursing, but this was out of a total of 346,176 titles. [8] Nursing was also included in general bibliographies. The Subject Index of the British Museum included nursing works as it did other subjects. According to the 1906-1910 volume 53 nursing books were added to the library. The total for all subjects was 56,251. [9] The number of nursing works continued to grow, but still remained relatively small. The Subject Index of the British Museum 1926-30 had 83 titles under the heading nursing, but by this time the total number of titles added to the library during these years had risen to 77,400. [10]

The textbook was of central importance to nursing education. However, as early as 1905 in a survey of American training school libraries Anna Alline wrote:

> "The text-book stage is rapidly passing out of use, and the study of subjects directly from reference-books has come in its place. As a result, we have a broader field, a greater interest, and a greater activity, which develops the thinking nurse, and she is alive and alert for the problems daily before her." [11]

In 1948 the Sister Tutor Section of the Royal College of Nursing compiled a list of textbooks for use in schools of nursing. It had over 470 titles. [12] They are not all nursing books or books written for nurses. Among them are several titles which still appear in updated versions. Baillière Tindall began publishing their Nurses' Aids series in 1938. Their Medical Dictionary for Nurses was first published in 1912 and the twentieth edition appeared in 1984. [13]

Perhaps a subject can only be said to have come of age when it has its own bibliographies and indexes. It shows that there is sufficient literature to justify their publication and a recognition of the need for bibliographic control.

There are, of course, economic considerations. They have to be financed. Moreover, they need markets and they are purchased principally by libraries. In Britain nursing libraries with the exception of the library of the Royal College of Nursing were, and still are, small and were not staffed by qualified librarians until the 1970s.

Nursing literature has appeared in general indexes and medical indexes, but nursing indexes were published comparatively late. In the United States of America publication of the two major nursing indexes only began in the 1960s. The Cumulative Index to Nursing and Allied Health Literature was started in 1961. It covers the years from 1956, although its beginnings date from the 1940s. The International Nursing Index began in 1966. Nursing Studies Index covering the period 1906-1959 was published retrospectively in four volumes 1963-1972.

In Britain work has been done by the library of the Royal College of Nursing. A Bibliography of Nursing Literature 1859-1960 was published in 1968. A further volume for 1961-1970 appeared in 1974. The 1971-1975 volume was published in 1985. The Nursing Bibliography has been issued monthly since 1972 - it is an index of articles, although some books and reports are included. [14] In 1986 222 journals were indexed, many of them American or on related subjects. [15]

These indexes show the nature and growth of the journal literature. In 1966 the International Nursing Index indexed over 150 journals and included all

nursing articles from the non-nursing journals currently indexed in Index Medicus. [16] By 1985 over 260 nursing journals were being indexed together with all the nursing articles in the 2,700 health and biomedical journals indexed for Index Medicus and its recurring bibliographies. [17]

Today, research is a buzz-word on everyone's lips, or at least in nurse education. In the nineteenth century Florence Nightingale herself did research and was a member of the Statistical Society. In Britain nursing research was not carried out substantially until the 1950s and early research reports were about nurses rather than nursing. The first degree course in nursing began at the University of Manchester in 1969. Other degree courses followed in universities and other higher educational institutions. Nursing research received an impetus as it is common practice to do research in universities. Nevertheless, research is not merely being carried out to give nursing 'academic respectability'; its aim is to improve nursing practice and patient care. Few nurses do research, but all nurses should be aware of research findings so that they can be incorporated into practice. As one writer has stated:

> "...research in nursing is not an optional extra, a luxury or an activity reserved for an academic elite who have chosen to opt out of nursing - Research in nursing is every nurses's business" [18]

The current near-obsessive interest in research has obviously had an effect on the literature - The Library of the Royal College of Nursing holds the Steinberg Collection of Nursing Research which is a collection of theses and dissertations by nurses or about nursing submitted for higher degrees in the United Kingdom. In February 1985 there were 302 entries. [19]

The research reports of the Royal College of Nursing are well established. Indeed some of the earlier ones such as The Unpopular Patient have become classics. [20] There is a trend away from research reports to books on research findings.

Interest in research has brought an increase in the number of nursing journals notably the Journal of Advanced Nursing which began in 1976 and aimed to:

> "become an international medium for the publication of scholarly nursing papers and a means of documenting the ever growing body of nursing knowledge." [21]

Others include Nurse Education Today from 1981 and Intensive Care Nursing and Midwifery from 1985.

The Department of Health and Social Security has produced a quarterly abstracting journal - Nursing Research Abstracts since 1978. A retrospective volume - Nursing Research Abstracts 1968-1976 has also been published. They cover research-generated information in nursing in the United Kingdom. [22]

In the past few years there has been a boom in the publication of nursing books. There has been a shift of emphasis from the medical sciences to the social sciences and psychology. Recent interest in, and books on, 'nursing models' show that nurses seek to establish a theoretical basis for nursing which is not derived from medicine. Works on nursing ethics abound.

Current titles of books include The Politics of Nursing, Stress and Self-Awareness: a guide for nurses, the American Special Techniques in Assertiveness Training for Women in the Health Professions and Using Computers in Nursing.[23]

This suggests that nursing has moved a long way since the nineteenth century. More books for nurses are written by nurses and certainly the vast majority of articles in the nursing press are written by nurses.

In 1974 the British National Bibliography had fewer than 80 books on nursing whereas in 1984 the numbers had risen to about 230. [24] Yet there is an enormous potential market for nursing literature. In England alone in 1983 nursing and midwifery staff numbered 393,086 including 72,505 learners. [25]

Too much emphasis should not be placed on change in nursing; obviously there have been changes, but there is often more talk of change than change itself. The textbook is flourishing and doctors still write books for nurses. Nursing literature is relatively small in quantity with a huge potential readership. At present it is in a healthy state and its future looks promising.

REFERENCES

[1] Seymer, Lucy R., A General History of Nursing (Faber, 4th ed., 1956) 189-190.

[2] Eccles, Audrey, Obstetrics and Gynaecology in Tudor and Stuart England (Croom Helm, 1982) 52.

[3] Young, Thomas, An Introduction to Medical Literature (Phillips, 2nd ed., 1823) 445.

[4] Nightingale, Florence, Notes on Nursing : what it is and what it is not (Harrison, 1859) Preface.

[5] London Hospital League of Nurses, Eva C.E. Lückes. Matron. The London Hospital 1880-1919 (1958) 15, 18.

Lückes, Eva, The System of Nursing at the London Hospital, The Hospital 14(1)(1 January 1887) 227.

[6] Reviews, Nursing Notes 6(67) (1 July 1893) 90.

[7] A Retrospect, Nursing Record 29 (769) (27 December 1902) 520.

[8] Index - Catalogue of the Library of the Surgeon - General's Office, United States Army, Second Series XI (1906) 828-843.

[9] Subject Index of the Modern Works added to the Library of the British Museum in the years 1906-1910 (1911) 925-927.

[10] Subject Index of the Modern Books acquired by the British Museum in the years 1926-1930 (1933) 1257-1259.

[11] Alline, Anna L., Training - School Libraries. American Journal of Nursing 5(12) (September 1905) 855.

[12] Royal College of Nursing - Sister Tutor Section, List of Textbooks for Use in Schools of Nursing (1948).

[13] Publisher's Catalogue.

[14] Walsh, Frances M., Keeping up to date: libraries in nursing, in: Raybould, Elizabeth (ed.), A Guide for Teachers of Nurses (Blackwell, 1975) 211-213.

[15] Royal College of Nursing Library, Nursing Bibliography 1 (January 1986).

[16] International Nursing Index 1 Annual Cumulation (1966) Preface III.

[17] International Nursing Index 20 Annual Cumulation (1985) Introduction III.

[18] Hockey, Lisbeth, The Nature and Purpose of Research, in: Cormack, Desmond

F.S., (ed.) The Research Process in Nursing (Blackwell, 1984) 7.

[19] Royal College of Nursing Library, Steinberg Collection of Nursing Research Catalogue (1983) and Supplement 2 (February 1985).

[20] Stockwell, Felicity, The Unpopular Patient (Croom Helm, 1984). First published by the(Royal College of Nursing, 1972).

[21] Editorial, Journal of Advanced Nursing 1(1) (1976) 1.

[22] Stodulski, Anne H., Searching the Literature, in: Cormack, Desmond F.S., (ed.), Op. cit. 69.

[23] Salvage, Jane, The Politics of Nursing (Heinemann, 1985).

Bond, Meg., Stress and Self-Awareness: a guide for nurses (Heinemann, 1986).

Chenevert, Melodie, STAT. Special Techniques in Assertiveness Training for Women in the Health Professions (Mosby, 1983).

Ball, Marion J and Hannah, Kathryn J. Using Computers in Nursing (Reston, 1984).

[24] British National Bibliography 1974 and 1984.

[25] Department of Health and Social Security. Health and Personal Social Statistics for England (Her Majesty's Stationery Office, 1985) 40.