The Present Status of Medical History in Medical Education in Germany

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The topic on which I have been invited to speak will require a good deal more than a description of how research and instruction are organized in this medical discipline in my country. It is tied moreover to the questions whether medical history, as a subject of research and instruction, is at all useful in the training of doctors, and whether the usefulness of medical history is apparent in, and is promoted by the way it is currently practiced. The answers to these questions will depend on the methodological principle, that is to say whether medical history is one of the basic medical disciplines or ought rather to be counted an historical or social science. As you well know, this last question has been answered in different ways in different countries.

To do justice to my topic, I shall accordingly have to discuss it on three different, though interdependent, levels. I shall begin with a short analysis of the attitude of present-day scientific medicine to its past. This is indispensable to discovering the motives and needs that are served by our own concerning with medicine's past and admitting its problems into the lecture hall. Secondly, the origin and present organization of instruction in medical history will have to be considered fairly closely if we are to recognize its promise and limits. Thirdly, the function of the historical method in medicine and this method's current applications will be identified; that is to say, in the third place I shall be fulfilling my task proper, which is to describe the part that medical history plays in the training of doctors.

In my lecture I shall naturally confine my attention to Germany,

though a comparison would, I expect, turn up many points of similarity to developments in Japan. The evolution of medicine in our two countries and the way in which we think about medicine have had a great deal in common at least since 1871 (the 4 th year of the emperor Meiji's reign), when the Japanese government appointed the Prussian professors Leopold Müller and Theodor Hoffmann to the faculty of the University of Yedo (Tokyo). Two superficial parallels will perhaps pass as evidence for this assertion. Today you are celebrating the 86 th General Meeting of the Japanese Society for Medical History; the German Society for the History of Medicine, Natural Science, and Technology, which has convened regularly since 1901, will meet for the 68 th time this September. A comparative study of the activities of these two nearly contemporaneous societies would be most welcome. Equally arresting is the fact that Yonezo Nakagawa's important study: A Survey of the Interest in the History of Medicine in Japan appeared in 1962, the same year in which the establishment of institutes for medical history at all universities was begun in the Federal Republic of Germany.

It goes without saying that I am here today as a representative of my country and of an officially recognized discipline in German medicine. Nevertheless, I must remind you that important elements of Germany's medical history have belonged, since the end of the last war, to the other Germany, the German Democratic Republic, and neighboring Eastern countries. I am referring not only to such centers for medicine and medical history as Leipzig, Berlin, Breslau, and Königsberg, with their rich traditions, but also to the different way in which medical historiography is practiced in a different social order. It is regrettable but true that a number of obstacles inhibit scientific contact with our colleagues in the German Democratic Republic, which makes a concerted study of our common past almost impossible.

As a last prefatory remark I should say, that much of what I have to present will reflect in large measure my personal experience and views. The practice of medical history in Germany is no more uniform than are all medical historians there alike. We are, of

course, all held together by a common task in the public interest and by the similar circumstances in which we carry on research and teach. Yet the way each of the German medical historians does science is shaped by the mostly very different way of his own formation.

MEDICINE'S ATTITUDE TO ITS PAST

The strained relations between medicine's present and past are conditioned by medicine's interpretation of science and its social status. In discussions with clinicians, the medical historian still meets with two tendencies that run counter to his intentions: The first is a pronounced tendency to disregard history; the second, a tendency to preserve, unreflectively, traditional modes of thought and medicine's traditional standing among the professions. The two tendencies are contradictory only at first glance.

The tendency to ignore history is no doubt a result of the recent evolution of medical science, an evolution that has concentrated on progress in medicine, and therefore on rendering obsolete what were once generally received matters of fact. The superabundance of information, the mass of details, relevant to scientific medicine at present have so far contributed to weakening interest in history that the study of historical sources, which (by the standards of natural science) are no longer applicable, is inevitably felt to be a useless burden.

On the other hand, an almost peerless sense of tradition is associated with the medical profession's self-esteem and its claim to the favorable opinion of outsiders. Because of the high value men attach to health, and to recovering their health when they are sick, medicine has enjoyed a special prestige for centuries; medicine's traditional status as a genuine vocation has been preserved by the expectations of the physician's suffering patients. A lot of history is habitually adduced to reinforce and preserve the profession's standing, though usually only on anniversaries and in addresses in honor of some special occasion.

Medicine's superficial treatment of its own history is rather promoted than the contrary by the present organization of medical

science and medical training. In Germany there is hardly a medical historian who has not closely examined for himself, and who has not stated in public, what medical history is good for. This is documented, with hardly an exception, by my colleagues' research and, more important, by the lectures and seminars they offer. And yet they all would agree how endlessly hard and troublesome it is to explain what medical history's business and status would be if it had an influence on 'the work of doctoring' today. The difficulties are not in the least diminished by the fact that in many scientific fields, as we shall see, a need to come to terms with the past is increasingly felt. The customary attitude is still one of indifference.

This indifference can only be explained historically. The last time that medicine's past was thoroughly controversial in Germany was about the year 1850. A reorientation in the philosophy of medical science and a consequent change in medicine's ideology were the occasion; the outcome was a total repudiation of old modes of thought and models of medical practice. Rudolf Virchow's cellular pathology, Charles Darwin's theory of evolution, and Claude Bernard's apotheosis of the experimental method--to mention but three important European names--created not just an awareness, but the conviction, that medicine's history till then had been a series of errors. For the first time, so it was argued at the middle of the last century, medicine had discovered its true method, the method that would enable it to fulfil its duties as a benefactress of mankind. Historical facts were no longer compatible with the demands of a new scientificness. Medicine fixed its eyes rather on the future and on progress. An increasing abundance of discoveries and of available techniques confirmed medicine in its choice; classical scientific medicine, until quite recently, expressed no need to subject its theory or practices to historically-informed reflectiveness.

It will be usefull to check this assertions against the evolution of medical history during the same period. The models medical historiography makes use of in a given period are a reliable index of medicine's attitude during that period to its past.

Until the middle of the 19 th century the study of the past was

a vigorous part of theoretical and practical medicine. A stock of traditional knowledge was preserved and continually reworked, as a matter of course, not only in the practice of medicine, but in every type of medical literature, notably in textbooks. The way in which this knowledge was handled was medical rather than historical: Historical sources were examined with respect to their informativeness and utility; new discoveries had to be measured against the standards of past experience.

With the rise of medicine as a natural science the status of the past changed; it seemed to be a succession of now useless conjectures. The study of history, for the most part, lost the interest of progressive scientists and became the province of historical research, which was flourishing at the time. Historians, philologists, philosophers, and a few enthusiastic doctors elaborated medical historiography into a linguistic and historical science, more or less independently of the problems of actual medicine. Like other branches of history, medical history was dominated by a progressionist outlook: it concentrated on tracking down forerunners to the larger scientific accomplishments in its own day. In this period a great deal of detailed and thorough work was done by editing old sources. The fact that attention was concentrated almost exclusively on historical progress and the doctor's role in medicine issued in two expectations, still prevelant today, with respect to historical statements. The so-called 'historical introduction' became an accepted device for ornamenting statements about the present, and secondly historical statements have been expected not to call traditional ideals into question.

Some decades ago a few schools of medical history began to expand this historicist approach and to turn it to advantage in dealing with questions of the day. Henry E. Sigerist, who succeeded Karl Sudhoff as director of the major institute for medical history at the University of Leipzig (a position Sigerist held until his forced migration in 1933), rightly emphasized that, in order to treat a case of pneumonia successfully, a doctor need be familiar only with his patient's medical history and the history of his illness. Sigerist was no less insistent on two other points however: that the history of

medicine encompasses more than just a record of doctors' techniques, and that the historical method is indispensable to any effort at laying the groundwork for a theory, at constructing or revising medical thinking, or at justifying individual or group behaviour in the work of doctoring. Quoting Sigerist, medicine's exertions depend for success on "whether we have correctly assessed the many social, economic, political, religious, philosophical, and other non-medical factors that influence the present situation". Without reflection on the historical roots of such factors, a correct assessment is impossible. Whereas it is the business of most other sciences in medicine to answer the questions 'What is the case?' and 'What needs to be done?' medical history contributes to an answer when medicine has to ask 'Why is this the case?'.

THE DEVELOPMENT OF INSTRUCTION IN MEDICAL HISTORY IN GERMANY

The need for and potential benefits of instruction in medical history were judged to be slight even before the scientific revolution in the 19th century. As long as each theoretical and clinical discipline lived with its own history, the few special lecture courses and lectureships we know of restricted themselves to a so-called 'literary history' or 'encyclopedia' of medicine, in other words to a more or less dry presentation of historical medical documents. Nor was the sudden ascent of scientific medicine in the second half of the 19th century 'exactly suited to fill medical historians' lecture halls'. Medicine's present and its distant past drifted farther and farther apart. Scarcely anyone dared to expound old teachings; a knowledge of historical facts ceased to be an element of current medical thinking. The cultivation of historical knowledge declined until it was no more than an avocation dear to the hearts of a few men who, either as amateurs or after retirement from university teaching, set about building up their own fields of expertise. As I said before, they borrowed their methods from the linguistic and historical sciences. The fruits of their research, which some of these men pursued with enormous industry, were always greater than the reach of their lectures.

There are many personal accounts and anecdotes from which to choose illustrations. For example, as early as 1861 a privat-docent in Berlin, Ludwig Wilhelm Ziemssen, discontinued his lectures in medical history 'for lack of students', suffered a fit of depression, and gave up the subject altogether in favor of theology. One term, about the year 1905, Richard Koch, later a medical historian in Frankfurt, was the only student attending Julius Pagel's lecture course 'The History of Medicine'. Paul Diepgen, founder of the institute in Freiburg and later professor in ordinary in Berlin, read in front of no more than three to five students per course in Freiburg during the years from 1910 to 1929. Two of his students, Walter Artelt and Edith Heischkel, were themselves later appointed to professorships.

For a long time Leipzig was the only major center for medical history in Germany. With a grant from a private foundation, a general practioner, Karl Sudhoff, created Germany's first university institute for medical history there in 1905. It is to Sudhoff's personal accomplishments and authority that the discipline owes its rise in Germany. In the interval between the two World Wars the number of teachers admittedly grew and the research these men did was and is still irreplaceable. But the ardor they radiated by lecturing touched only a few students.

Two exceptions should be mentioned, since they anticipate later developments and call attention to some important points.

From 1926 on Henry E. Sigerist put into practice at Leipzig a conception of medical history as a medical rather than an historical discipline, and with a variety of, for the most part interdisciplinary, activities he succeeded in attracting the interest of a good many colleagues and students. The institute's journal Kyklos is indicative of the high research and teaching standards at Leipzig during Sigerist's tenure, and anticipated many present-day currents in medical history. The name of a Japanese medical student, Shingo Ikeda, occurs in the institute's progress reports for the summer term of 1927.

On the other hand, the eminent pathologist Ludwig Aschoff, whose career was at Freiburg, my own university, is a case in point of the survival of an historical consciousness among practioners of

modern medicine. Aschoff continually insisted 'that the thoughtful study of medical history and the successful advocacy of this discipline are material to an open-minded approach throughout the faculty to all questions regarding instruction, diagnostics, and therapy'. This attitude was due, first, to the circumstance that, in Aschoff's day, the personal thinking of many medical instructors had been shaped by a classical education, and, secondly, to a genuine interest in the advancement of science. For this reason the adherence of eminent clinicians to historical and philosophical traditions is certain to have influenced more students than did the systematic instruction by specialists in medical history. After Paul Diepgen's departure from Freiburg, Aschoff saw to the survival of the samll institute by undertaking to direct it himself (which he did for some time) in addition to his regular duties. His pupil Franz Büchner, who is known in Japan as well, continued in this tradition in accordance with his own understanding of history, whereat the influence of his teacher is apparent. In January of this year, at a celebration of his 90 th birthday, Büchner called for 'more philosophy in medicine'.

The example of Ludwig Aschoff brings us to the old question whether medical history ought to be researched and taught by medical doctors, the history of each medical discipline being assigned to specialists in that discipline, or whether the subject is better entrusted to specialized professional historians. This is not the place for me to rehearse the involved discussions the question has given rise to. Suffice it to say that there is scarcely a branch of the medical profession in Germany that has not produced medical historians during the last 100 years. Even today most medical departments require that every candidate for a professorship in medical history should be at least an approved doctor. Whether or not such a requirement is well advised is being discussed heatedly by medical historians, particularly with reference to the methodology and efficiency of instruction.

The reasons for this are to be found in the developments of the past 20 years. In 1960 a generous plan for the expansion of university science faculties was prepared by the Science Counsel of the Federal

Republic of Germany, and one of the Counsel's recommendations was that an institute for medical history should be established, as "standard equipment", at every medical school. It was a time when German universities were prospering. The number of students was incomparably smaller then than today; communication between teachers and students was more direct; examinations were oral. At the five institutes for medical history already in existence a new generation of young scientists had grown to maturity. The students of the post-war generation were beginning to probe even history with searching questions, questions not only about great discoveries and the so-called fathers of medical specialties, but also about the historical contingency of present-day problems and medicine's social obligations. Quickly, perhaps too quickly, the recommended professorships were created; the number of institutes grew from five to eighteen in five years. The professorships were filled with qualified teachers, almost all of whom had formerly been practicing physicians of one kind or another, but who for the most part had also completed a course of study in medical history at one of the institutes already in existence. More than a few of these teachers attracted the interest of ever greater numbers of students as time went on, for they knew how to tie historical topics to current problems and questions of principle in the theory of science. Karl Eduard Rothschuh, Gernot Rath, Hans-Heinz Eulner, Robert Herrlinger, Gunter Mann, and Heinrich Schipperges were or are still notable teachers of this generation.

The recommendations of the Science Counsel called also for the establishment of additional departments at the larger institutes, so that scientists of other historical disciplines would be co-operating autonomously in research in medical history. Thus colleagues from numerous historical and philological disciplines entered the field of medical history. They have since made irreplaceable contributions to research, notably because they are in possession of methods that have never been, or that are no longer, at the disposal of the 'average' medical historian, least of all the medical historian who has come to the discipline from the medical profession. On the other hand these colleagues have difficulty to meeting student's needs when

strictly medical problems come up in discussion, since medical expertise and experience are prerequisite to explaining even the history. This system of interdisciplinary co-operation, recommended by the Science Counsel was evidently intended to deal with this problem, and at the same time to guarantee professional opportunities to non-physicians. The financial and structural reverses of the last decade have frustrated this intention. In the meantime untenured historians, philologists, and natural scientists in the ranks of medical historians are waiting for tenured professorships, for, with very few exceptions, the projected autonomous research departments have not been realizable. Thus one's overall impression of medical history in Germany is that it is more variegated and is divided by a far greater degree of specifilization than is any other branch of medical education. This should be kept in mind when we analyse how medical history is taught and consider the subject's potential and limits.

Some data and facts have still to be supplied, so that the magnitude of problems can be correctly assessed. In the Federal Republic of Germany there are at present 23 professorships for medical history, most of which are attached to more or less sizeable institutes. Each of the other 4 medical faculties either has a lectureship in medical history or is served by visiting lecturers from a neighboring university. With only one exception, the professorships and institutes are incorporated into medical faculties; institute members are on the teaching staffs of medical schools; and doctors are graduated with an M.D. All tenured associates of institutes for medical history have joined to form a professional association in order to consult with each other on questions about research, instruction, and training, and also in order to defend their interests against the university and state bureaucracies. At present the association has 100 members. By way of contrast, the German Society for the History of Medicine, Natural Science, and Technology has roughly 650 members, many of whom belong to other disciplines. A third Society for the History of Sciences, with 100 elected members, brings together historians from all scientific faculties for special symposia, including medicine. Our institutes for medical history are not all equally well equipped and differ in the

number of associates they have. As a rule, from two to ten scientists are associated with an institute.

THE FUNCTION OF THE HISTORICAL METHOD IN MEDICAL EDUCATION

Since 1970 medical education in Germany has been subject to new regulations that have streamlined the study of medicine considerably and centralized the examination system. Medical studies now take six years to complete; the state medical examination is divided into four parts, three written and one oral, which are spaced over all six years. Under the new regulations medical history, which formerly was not a set examination subject, had to establish itself as one in order to remain worthy of financial support. We were forced to include some written multiple choice questions in the clinical part of the state examination. How dubious such an undertaking is, the appended examples, I trust, will show. Whether or not students can be motivated in this way to study is a matter of controversy among my colleagues. I confess without hesitation that my collaborators and I do not take a hand in formulating any multiple choice questions.

After knowledge of ancient languages ceased to be required for admission to medical school, institutes for medical history were assigned the additional responsibility of teaching a course on medical terminology. The phrase 'medical terminology' describes only imperfectly the subject of the course, which is compulsory for all first-term students. This responsibility, which was most unwelcome at first has since proved to be a precious opportunity to familiarize freshmen with the historical and methodological foundations of medicine at the same time as they are being taught the principles of medical nomenclature. The courses offered in strictly speaking medical history are concentrated in the clinical stage of medical studies, as it has always been customary at German medical schools. These courses in medical history include lectures, seminars of different levels and excursions; by the examination board they are termed "recommended courses", though in point of fact participation is voluntary. Their attractiveness depends on their quality and topicality, as the attractiveness of cou-

rses always has. This gives the chance to work with freely interested students who are used in their thinking to cutting across the boundaries of medicine. This has always been the appeal of teaching medical history, and in an age of schoolish oversized universities it is taking on a special importance. Since attendance is voluntary, the number of students who do take classes in medical history varies widely from institute to institute according to the variety and quality of courses offered. We in Freiburg have been reaching roughly 20% of each generation students for a number of years, with an each generation of students since a number of years, with an average of 80 students regularly attending courses each term.

Since institutes have a pretty free hand in deciding on their curricula, it goes without saying that instruction in medical history is not standardized and depends largely on teachers' personalities and research interests. Instruction is all the less uniform since my colleagues, as I remarked earlier, have highly diverse scientific backgrounds. Nevertheless, obvious problems in our rapidly changing medical science, the different kinds of questions students are asking, and the new demands imposed by science on medical history have resulted in the survival of some classical elements of teaching and the general adoption of some new ones.

The content of instruction has changed in three respects. The systematic historical framework has, to all intents and purposes, been abandoned; we have had to acknowledge that survey courses devoted to the eras of Western medical history (antiquity, the Middle Ages, modern times) capture the interest of hardly any students any more. On the other hand, lectures, and especially seminars and discussion groups, which take one well-defined problem for their topic and work up its history have been meeting with a growing interest among students. Such topics as The Evolution of Our Notions of Sickness and Health, Hospitals and Infirmaries, How to Behave Towards Sick Children, Suggestion and Hypnotism, A Typology of the Medical Profession, or Historical Principles of Medical Education are welcomed by students and animate them to work closely with their teachers. Students take a greater interest in such topics because problems

come up for discussion which will confront them with proper problems of their studies and their professional lives, about whose roots they will be curious. Finally, the study of medical history has gained several new fields of contemporary interest by accretion and competence. About four of them, medical ethics, medical anthropology, ethnomedicine and the theory of science, I shall have more to say presently.

As has been proved by all this, the way in which medical history is taught is no longer determined solely by the tasks and laws of pure historical teaching. I stress the words "the way in which medical history is taught", because the complementary assertion about research would be false. In research, of course, all the methods prerequisite to a correct and sound historiography have to be applied. By teaching however the medical historian attempts, through his research, to reconstruct models of health, illness and treatment, with a view to using its elements to throw light on current problems.

Let me take an example from the basic theories of medicine. All medical systems try to invent concepts of illness. They are tied to the scientific and socio-cultural resources for describing sickness and health at this period and culture. On the other hand, basic patterns can be seen to recur again and again in the way men deal with physical and psychical disorders, and these patterns can be made to stand out by historical study.

The following diagram shows that, at the one hand, an attempt is generally made to explain what is perceptible and comprehensible by the senses, forming in this way men's experience. At the other hand, distress which is frightening and not comprehensible usually creates ritual forms of magic defense. The task and the role of the helper includes both challenges. A scheme like this can explain to the student not only principles of pre-rational and pre-scientific medical systems, but also basic pattern of contemporary forms of interaction between patient and doctor, between helplessness and assistance. To elaborate those principles medical history widens its evidence to a larger program of medical anthropology.

It would be a mistake to dismiss the above principles as obsolete

simply because they happened to have been dominant in a different era or culture. That elements of them recur again and again in the description and interpretation of the subjective experience of illness is apparent enough in the way patients express themselves. The three sources of pathological concepts (the medical evidence, the patient's objective need for help and his subjective concern) will inevitably continue to be governed by traditional presuppositions, since the forms of rational, emotional, and social response to disorders and sickness are transmitted chiefly by history and society.

The pertinent conclusion to be drawn from this is that much in the way medicine and medical history are taught and practiced will have to be reconsidered. Some medical disciplines have already fully realized the necessity of, and are demanding, an historically-informed and critical foundation of their theoretical and clinical work. These include all the branches of social medicine, and notably the various branches of psychiatry and psychosomatic medicine as well, which, in their theoretical concerns and interpretations, are very close to medical history. Areas of co-operation have resulted, moreover, with epidemiology, general pathology, and even other faculties like history, psychology, the social sciences and the faculty of law. In consequence interdisciplinary co-operation has become more and more common in the training of students and also in the further training of associates at our institutes. Thus it is customary now for scientists from other fields to be invited to our seminars, so that we have a chance to discuss historical and theoretical details with some of science's representative practitioners.

Earlier I mentioned four especially notable areas to which many of my colleagues have increasingly applied themselves recently, both in research and teaching: the theory of science, medical anthropology, ethnomedicine, and medical ethics.

About the theory of science I need say very little. The amount of discussion about its historical and present-day elements is increasing in proportion as the reductionism of an exclusively physical interpretation of medicine begins to be qualified. One of our institutes, because of the focus of its activities, has renamed itself the Institute

for the Theory and History of Medicine.

Medical anthropology and ethnomedicine can be taken together, particularly since controversies have flared up in all countries over the increasing revival of old traditions in diagnostics and therapeutics. The debate here in Japan over Kanpō medicine is, if I am not mistaken, comparable in at least a few respects. As I gather from studies by Yasuo Otsuka and Margaret M. Lock, interest in traditional Chinese and Japanese medicine has been gaining ground since the end of the last war, in parallel with the magnificent development of scientific medicine. That events have taken a similar turn in Western Germany too, though we have not got two competing systems of medicine, but rather various therapeutic methods, for example homeopathy, naturopathy, anthroposophic medicine, certain elements of early Asian medicine, and the official academic medicine, whose ability to complement each other is in question. Here the medical historian has something important to say, for even the present forms of these methods can be properly understood only in the light of their origins. Accordingly we regularly offer lectures and seminars at our institute on alternative medical systems and therapeutic techniques.

Lastly, many of my colleagues are active in the field of medical ethics, now that the description of limits and values is felt to contibute to medical progress. It is among the oldest traditions in medicine that a doctor is accountable to his patient; ethical problems are accordingly an essential concern of the medical historian's, since he is capable of pointing out the basic demands that have been made of medicine in every age, and that have little changed in principle since ancient times in all cultures. Reproductive medicine, genetics, intensive care medicine, the mechanization of medicine, and similarly controversial topics are presently being discussed the world over; the numbers in which students attend courses on such topics, and the effort they put into their course work, are proportionately great.

In conclusion I should like to sum up the substance of my remarks in two theses. Once more, what I have been delivering are chiefly my own experiences from 20 years of teaching. This repeti-

tion is not a casual one. A great many of my colleagues either follow a different scheme in their teaching, or devote more attention to own research, or have concentrated especially on one of the fields. Nevertheless they all are aware that medical history, in its present circumstances, has a fresh chance to enlist its research in the service of modern medicine. Accordingly, research and instruction in medical history in my view ought to satisfy the following criteria:

1) Medical history is a medical rather than an historical discipline. It performs basic medical research; the methods it employs are drawn primarily from the humanities, especially from history, anthropology, philosophy, and the social sciences. It is an interdisciplinary branch of study that collaborates not only with other medical specialities, but also with those departments in other faculties whose work is important to medicine, or which are themselves dependent on medical history's conclusions.

2) Instruction in medical history serves as a propaedeutic and a concomitant discipline to training in medicine and is intended to stimulate a critical cast of mind rather than to accumulate factual historical knowledge. It is able to furnish members of all the medical professions (doctors, nurses, social workers, hospital chaplains) with the historical models of health and sickness, the general principles of diagnostics and therapeutics, the basic pattern of behavior in response to distress, anxiety, dying and death. Medical history is able to show how dependent all the above phenomena are on its historical roots in respect of structure, the way in which they are experienced, and the actions they engender. Historical instruction, whether it is part of a doctor's general medical instruction or part of advanced training in some speciality, can stimulate him to perform his duties more reflectively. So medical history helps us to understand the present better and contributes, no less than other medical disciplines, to the improvement and humanization of medicine. Medical history is central to medicine in its present decisive phase; it is no longer peripheral. I am well aware that this will be a hard and a more or less utopian work for the medical historian, especially within the present progressive framework of medical faculties. Nevertheless, me-

dical history has no choice but to meet a demand made by Henry E. Sigerist, that it must show whether it is just "interested in piling fact upon fact, or whether it is capable of interpreting the past, of reviving it and turning it to account for a better future".